DOCUMENT RESUME

ED 393 598 PS 024 129

| | |
|---|---|
| TITLE | Neighbors Helping Neighbors: A New National Strategy for the Protection of Children. Fourth Report. |
| INSTITUTION | United States Advisory Board on Child Abuse and Neglect, Washington, DC. |
| REPORT NO | ISBN-0-16-036296-2 |
| PUB DATE | Sep 93 |
| NOTE | 217p. |
| AVAILABLE FROM | U.S. Government Printing Office, Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328. |
| PUB TYPE | Reports - Descriptive (141) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120) |
| EDRS PRICE | MF01/PC09 Plus Postage. |
| DESCRIPTORS | Change Strategies; *Child Abuse; *Child Advocacy; *Child Neglect; Children; Childrens Rights; *Child Welfare; Community Role; Neighborhood Improvement; Prevention; *Public Policy; Social Attitudes; Social Change; Social Services |
| IDENTIFIERS | *Child Protection; Family Advocacy; Family Development; Family Support; *National Policy |

ABSTRACT

This report proposes a new national strategy to prevent child abuse and neglect. Four components of the proposed strategy are that it be: (1) comprehensive; (2) neighborhood-based; (3) child-centered; and (4) family-focused. Specific elements of the strategy include: (1) strengthening neighborhoods; (2) reorienting the delivery of human services; (3) improving the government's role in controlling child maltreatment; (4) reorienting societal values that contribute to child maltreatment; and (5) strengthening and broadening knowledge about child maltreatment. Section 1 of the report gives a brief overview of the proposed national strategy and the five elements of which it is comprised. Section 2 identifies conditions in American society which led to the current crisis, analyzes the response of the child protective system, and discusses the need for reform. Section 3 offers an in-depth discussion of the five elements of the proposed national strategy, and section 4 compares the proposed strategy with related recommendations from other groups and institutions. Section 5 presents five guiding principles to be followed in implementing the national strategy, and section 6 outlines the potential contribution of major sectors and institutions in society to such a strategy. The report offers 34 recommendations, which are presented at the end of relevant subsections in section 2, and are consolidated in the appendix, along with the proposed national child protection policy. (TJQ)

***********************************************************************
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
***********************************************************************

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**Administration for Children and Families**
U.S. Advisory Board on Child Abuse and Neglect

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 393 598

# Neighbors Helping Neighbors:

## A New National Strategy for the Protection of Children

PS 024129

BEST COPY AVAILABLE

The views expressed in this report are those of the members of the U.S. Advisory Board on Child Abuse and Neglect and do not necessarily reflect the views of any part of the U.S. Department of Health and Human Services.

This document may be reproduced without permission.

---

**For information concerning the 1993 Board Report, please contact:**

**U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT**
**200 Independence Avenue, S.W.**
**Washington, D.C. 20201**
**(202) 690-8137**

---

Please contact the **U.S. GOVERNMENT PRINTING OFFICE, Superintendent of Documents, Mail Stop: SSOP, Washington, D.C. 20402-9328; Telephone: 202-783-3238,** in order to obtain copies of the:

**1990 Board Report:**

*Child Abuse and Neglect: Critical First Steps in Response to a National Emergency (August 1990);*
Stock No. 017-092-00104-5
Cost: $7.50

**1992 Board Report:**

*The Continuing Child Protection Emergency: A Challenge to the Nation (April 1993)*
Stock No. 017-092-00105-3
Cost: $14.00

Copies of the **Executive Summary of the 1991 Board Report:** *Creating Caring Communities: Blueprint for an Effective Federal Policy on Child Abuse and Neglect (September 1991)*, may be obtained from:

U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 690-8137

Department of Health and Human Services
Administration for Children and Families
U.S. Advisory Board on Child Abuse and Neglect

# NEIGHBORS HELPING NEIGHBORS: A NEW NATIONAL STRATEGY FOR THE PROTECTION OF CHILDREN

Fourth Report

U.S. Advisory Board on Child Abuse and Neglect

September 1993

# U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

**Deanne Tilton Durfee, Chair**

**Yvonne M. Chase, Vice-Chair**

## Members

**Frank D. Barry**
**Enid A. Borden**
**Jane Nady Burnley**
**Howard A. Davidson**
**Richard D. Krugman**
**Gary B. Melton**
**Joyce L. Mohamoud**
**Lawrence F. Potts**
**Prince Preyer, Jr.**
**Diane J. Willis**

## Former Members

**Betsy Brand**
**Earl L. Dunlap**
**James H. Egan**
**H. Gordon Evans**
**Judith C. Frick**
**Donna N. Givens**
**Brenda G. Meister**
**Jeanne D. Rodriguez**
**Deborah M. Walsh**

**Byron D. Metrikin-Gold, Executive Director**

## TABLE OF CONTENTS

**Acknowledgments** ........ iv
**Executive Summary** ........ vii
**Mission and Composition of the U.S. Advisory Board on Child Abuse and Neglect** ........ xv
**Preparation and Structure of this Report** ........ xvi

**I. The Tragedy of the Present, and the Hope for the Future** ........ 1
- A. Child Abuse and Neglect: A Problem of Families and Neighborhoods ........ 1
- B. Child Maltreatment as a National Policy Issue ........ 3
- C. Summary: The Elements of the New National Strategy ........ 3
  - 1. Strengthen Neighborhoods ........ 3
  - 2. Reorient the Delivery of Human Services, Including Justice Services ........ 4
  - 3. Improve the Role of Government in Addressing Child Maltreatment ........ 4
  - 4. Reorient Societal Values That May Contribute to Child Maltreatment ........ 5
  - 5. Strengthen and Broaden the Knowledge Base About Child Maltreatment ........ 5

**II. The Need for a New National Strategy** ........ 6
- A. Not Just More But Different ........ 6
- B. The Nature of Contemporary Family Life ........ 6
- C. The Nature and Causes of Child Maltreatment ........ 7
- D. The Inadequacy of the Current Strategy for Addressing Child Maltreatment ........ 9
  - 1. A Central Focus on Investigation ........ 9
  - 2. The Roots of the Emergency ........ 10
  - 3. Conceptual Mistakes That Have Accompanied the Development of the Current System ........ 10

**III. The New National Strategy** ........ 16
- A. Introduction ........ 16
- B. Characteristics ........ 16
  - 1. Comprehensive ........ 16
  - 2. Neighborhood-based ........ 16
  - 3. Child-centered ........ 17
  - 4. Family-focused ........ 17
- C. Element 1: Strengthening Neighborhoods ........ 17
  - 1. The Relation Between Child Maltreatment and Neighborhood Quality ........ 17
  - 2. Environmental Standards ........ 18
  - 3. Involving Residents ........ 19
  - 4. Strengthening Neighborhood Institutions ........ 19
  - 5. Economic Opportunity and Development from Within ........ 20
  - 6. Housing as a Critical Factor ........ 21
  - 7. Recommendations ........ 23

D. Element 2: Reorienting the Delivery of Human Services, Including Justice Services ........ 24
  1. Making Treatment for Maltreated Children a Priority ........ 24
  2. Providing Material Supports ........ 25
  3. Strengthening the Delivery of Family Preservation Services ........ 27
  4. Developing New Models of Foster Care ........ 27
  5. Creating New Roles for the Justice System ........ 30
    a. Building Neighborhood Responsibility ........ 30
    b. Expanding the Role of Law Enforcement ........ 31
    c. Avoiding Undue Emphasis on Investigation ........ 33
    d. Making the Legal Process Child-Centered ........ 34
    e. Reforming the State Courts ........ 34
    f. Reforming the Federal Courts ........ 36
    g. Improving System Accountability on Behalf of Maltreated Children ........ 37
  6. Recommendations ........ 38
E. Element 3: Improving the Role of Government in Addressing Child Maltreatment ........ 40
  1. The Need for Leadership ........ 40
  2. The Need for Change in Financing ........ 41
  3. The Need for Involvement ........ 43
  4. Recommendations ........ 44
F. Element 4: Reorienting Societal Values That May Contribute to Child Maltreatment ........ 45
  1. Preventing Violence Against Children ........ 45
  2. Preventing Sexual Exploitation of Children ........ 48
  3. Accepting and Valuing the Cultural Heritage of the Child and Family ........ 48
  4. Recommendations ........ 50
G. Element 5: Strengthening and Broadening the Knowledge Base About Child Maltreatment ........ 51
  1. The Need for Federal Leadership in Research ........ 51
  2. The Need for a Child-Centered Approach to Research ........ 52
  3. Recommendations ........ 53

**IV. Consistency of the New National Strategy with Other Reform Efforts ........ 63**

**V. Principles to Guide Implementation of the New National Strategy ........ 65**
A. Help needed to prevent child abuse and neglect must be easily available and accessible ........ 65
B. Child protection activities should increase connectedness among people ........ 66
C. Child protection activities should include a focus on development of competence of parents ........ 67
D. Child protection activities should include a focus on development of competence of neighbors as helpers.. ........ 68
E. A focus on prevention of child maltreatment should occur at developmental transitions, especially birth and adolescence ........ 68

**VI. A Comprehensive Approach to the Implementation of the New National Strategy ........ 72**
A. Health Services ........ 72
B. Mental Health Services ........ 72
C. Substance Abuse Programs ........ 73
D. The Schools ........ 74
E. Business and Labor ........ 75
F. Volunteers and Civic Organizations ........ 76
G. Religious Organizations ........ 77
H. Cooperative Extension ........ 78
I. Interagency Councils ........ 78

**VII. Conclusion: Creating Caring Communities** .......... **81**

**VIII. Appendices** .......... **84**
- A. Recommendations .......... 84
- B. Proposed National Child Protection Policy .......... 94
- C. Executive Summaries of Six Papers Commissioned by the Board .......... 102
  - 1. Neighborhood-Based Programs .......... 102
  - 2. Sociocultural Factors in Child Maltreatment .......... 104
  - 3. Child Protection and Out-of-Home Care: System Reforms and Regulating Placements .......... 106
  - 4. The Role of Material Factors in Child Abuse and Neglect .......... 110
  - 5. Social Support and the Prevention of Child Maltreatment .......... 114
  - 6. The Role of Intervention and Treatment Services in the Prevention of Child Abuse and Neglect .......... 118
- D. U.S. Advisory Board on Child Abuse and Neglect .......... 133
  - 1. Membership .......... 133
  - 2. Staff and Other Personnel Resources .......... 136
  - 3. Committees .......... 137
  - 4. Activities since the 1992 Report (including Hearings) .......... 138
- E. Recommendations of the 1990 Board Report .......... 146
- F. Recommendations of the 1991 Board Report .......... 155
- G. Excerpts from the 1992 Board Report .......... 191

## ACKNOWLEDGMENTS

This Board report would never had been possible without the incredible dedication of several of its members. Although most members during the past several years provided creative ideas and suggestions for the content of this report, three in particular must be given special mention. **Gary B. Melton** spent a huge amount of time over the past three years to help conceptualize this report, develop a plan for its production (including an ambitious background research effort), and prepare numerous drafts of it. The successful and timely completion of this report would never have been possible without Gary's personal commitment and sacrifice. The fact that this report is so well-annotated is a tribute to Gary's staff and student assistants who worked countless hours in finding relevant supportive literature and checking the voluminous citations contained herein.

If there is a spiritual Board "father" of this report, it is member **Frank D. Barry** whose four-year tenure on the Board has been marked by a constant attention to neighborhood quality and its relation to child maltreatment. Frank's concept paper "A Neighborhood Based Approach -- What Is It?" (published as part of the Board's 1992 Report) helped his fellow Board members, and the child protection community nationally, better understand why the Board's focus on a new neighborhood-based child protection system is so critical.

One of the Board's newest members, **Enid A. Borden**, quickly became an invaluable part of the core report-production "team" with her considerable editorial assistance and drafting of the report's Executive Summary. Enid's public education skills have helped this Board take a potentially esoteric and theoretical report and assure that it will speak to the heart, as well as the mind, of both child protection professionals and American citizens generally.

There are a number of members who left the Board during the preparation of this report but whose ideas and enthusiasm for this project helped chart our course. They are **Earl L. Dunlap**, **Judith C. Frick**, **Jeanne D. Rodriguez**, and especially **H. Gordon Evans** (whose commitment to the improvement of America's foster care system is unsurpassed). More recently, as a result of the change of Presidential administrations, we lost two Board members who served as representatives from the Federal Interagency Task Force on Child Abuse and Neglect. We want to acknowledge our gratitude to **Donna N. Givens** and **Brenda G. Meister** whose work on behalf of America's maltreated children in their Federal agencies made them invaluable participants in our deliberations and helped us better understand the workings of government bureaucracy.

As of the completion of this report, the terms of three of the Board's original members are about to end. Since 1989, **Richard D. Krugman** (the Board's first chair), **Joyce London Mohamoud**, and **Diane J. Willis** have given freely of their time and energy to help the Board in ways too numerous to mention here. All three aided in the development of this report through their leadership with special issue-focused Board symposia.

The American child protection community as a whole has given us valuable feedback on our work generally -- and our conceptualization of this report in particular. We would like to especially thank members of the **Inter-Agency Task Force on Child Abuse and Neglect** and the member organizations of the **National Child Abuse Coalition** for their time in reviewing, under tight Board deadlines, a draft of this report.

The Board wishes to express its appreciation to the **many individuals who contributed in diverse and important ways to the successful accomplishment of the Board activities** during this past year, with particular thanks extended to the **Staffs of Frank Barry, Enid Borden, and Deanne Tilton Durfee**. The Board also commends the **many individuals who testified at the hearings and participated in Board meetings**.

Finally, no Advisory Board could have accomplished the goals we have set for ourselves since 1989 without an extraordinary committed staff. In particular, for being our Board "warhorse" for four years, four major annual reports, and many other Board work products, we want to salute **Eileen H. Lohr**, our Board Program Assistant, for exemplary performance far above and beyond the call of duty.

The Board will soon lose, to retirement, its stellar Executive Director, **Byron D. Metrikin-Gold**. Byron's heroic work on our behalf dates back almost five years. His departure from the U.S. Department of Health and Human Services will mark the end of a long and distinguished career of public service. Through times of success and times of crisis for the Board, he nurtured and guided us through the thicket of laws, Departmental policies, and advisory board protocol. This Board, his Department, and those who strive to improve public policy for abused and neglected children will miss his presence greatly.

Finally, the Board and staff express deep and sincere appreciation to **Howard A. Davidson**, Chair of the Board for the past two years. During his tenure, Howard never lost sight of the mission of the Board and never ceased to direct his considerable energy toward making this nation a safer and healthier place for children and families. His nationally recognized expertise in the laws and legal issues surrounding the abuse and neglect of children, his consistent good nature and good humor, his notable patience and fairness with his colleagues, and his dedication to excellence distinguish him as one of the most important child and family advocates in the country. The hours he spent in meetings, phone calls, writing, editing, and speaking on behalf of the Board could never be counted. He never compromised his standards or his commitment, even while experiencing his own personal challenges.

During his tenure, Howard became a new father. We all feel a personal attachment to **Roberto**, age 2, who came into Howard's life and who, along with Roberto's loving mother, **Lory**, shared his Dad with us for this demanding and important period of time. We continue our work in the hope that all children may have the opportunity to become as healthy and live as joyfully as Roberto.

# EXECUTIVE SUMMARY

*"A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume control of your cities, states, and nations. He is going to move in and take over your churches, schools, universities, and corporations...the fate of humanity is in his hands."*

*Abraham Lincoln*

*"The American dream begins with the American family."*
U.S. Senator Barbara Mikulski
July 20, 1988

For an increasing number of children and families, the dream is a nightmare. Twenty years ago, law enforcement and social service authorities nationwide received a total of 60,000 reports of suspected child maltreatment. Last year, there were nearly three million such reports. Child abuse and neglect is a growing national crisis, one that won't be sufficiently addressed until national policymakers understand and acknowledge the severe threat facing millions of American children.

The system that is intended to help and protect abused and neglected children does little to mitigate the nightmare. Instead of emphasizing prevention of maltreatment, America's child protection system usually steps in when damage has already been done. Instead of easing tensions within families and bringing them closer together, the system too often exacerbates those tensions. Instead of helping children, the system tends to funnel children into a process over which they have no control and that doesn't necessarily act in their best interests.

Child maltreatment is a severe societal illness. The cure we are currently using, however, is not alleviating the ailment. Tragically, in many cases, it is actually making it worse.

The United States Advisory Board on Child Abuse and Neglect believes this ineffective and counterproductive status quo must be changed in order to reverse the continuing escalation in child maltreatment. In its 1993 report, **Neighbors Helping Neighbors: A New National Strategy for the Protection of Children**, the Board argues forcefully that America needs to take a new look at the multiple and complex factors that lead to incidents of child abuse and neglect, to critically examine the serious faults in the current child protection system, and to implement a new strategy to better protect children from harm.

With 34 specific policy recommendations, **Neighbors Helping Neighbors** is a groundbreaking blueprint for a strategy that can help millions of children lead healthier, happier lives.

## UNDERSTANDING CHILD ABUSE AND NEGLECT

*"Know you what it is to be a child?...it is to believe in love, to believe in loveliness, to believe in belief; it is to be so little that the elves can reach to whisper in your ear; it is to turn pumpkins into coaches, and mice into horses, lowness into loftiness, and nothing into everything, for each child has its fairy godmother in its soul."*
Percy Shelley,
In The Dublin Review (July, 1908)

Child maltreatment in our society is much more pervasive and stems from more complex causes than most people would believe. Based on the nearly three million incidences of suspected child abuse reported last year as well as the many cases that are never reported, the best evidence is that at least 2.5 percent of American children are abused or neglected each year. That is a staggering figure and it puts a lie to the idea that child maltreatment is committed by a few "bad" parents who take out their hostilities on their kids.

In fact, physical abuse isn't even the most prevalent child maltreatment problem. Although serious cases of physical and sexual abuse occur with disturbing frequency, the majority of reported cases involve a primary allegation of neglect or emotional mistreatment. Children are being left home alone for long periods of time. Children are suffering the consequences of being part of families that are economically pressured and socially isolated. Children are growing up without positive, traditional support mechanisms that were readily available to previous generations. As much as anything, maltreated children are victims of profound changes in our society.

To better understand the problem of child maltreatment, one has to understand the environment in which so many of today's children are growing up. Since 1960, family life in America has changed dramatically. Our problems are more complex and our economic and social support structures are less effective.

Since 1960, there has been a four-fold increase in the number of births occurring outside of marriage. Traditional two-parent families are dwindling in number. And there has been a three-fold increase in the percentage of mothers with young children who work outside the home. The same parental support mechanism that previous generations of children enjoyed is found in a shrinking number of today's homes.

And, not only are fewer adults present in families, but there is less meaningful time being spent by parents with their children. Parents are working longer hours, driving longer commutes to and from work and are faced with increasing demands outside the family. The idea of the close-knit, mutually supportive family is in increasing peril.

Families, particularly those living in cities and some sparsely populated areas, are increasingly living in a state of social isolation. Studies have found that isolation is a major contributing cause of child maltreatment. As more people migrate to the suburbs, they are leaving behind neighborhoods and communities that are left with fewer resources and an increasing severity of poverty among those not able to move. This flight results in decreasing population, decreasing home ownership, an increasing proportion of single-parent families and increasing family and community violence. Traditional neighborhood social networks are being disrupted and isolation is becoming a reality of everyday life.

The increasing stress of family life and diminishing economic and social supports are combining to make a situation in which the family itself as an institution may be in peril. If we recognize that cases of child maltreatment usually involve multiple personal, social, and economic problems and often stem from economic pressure and social isolation, then we must also recognize that a successful approach toward child protection must be comprehensive and multifaceted. Our current system is neither.

## A MISDIRECTED CHILD PROTECTION SYSTEM

> *"A simple child,*
> *That lightly draws its breath,*
> *And feels its life in every limb,*
> *What should it know of death?"*
> William Wordsworth

If the nation's child protection system were a private corporation, it would have gone into bankruptcy years ago. We are utilizing outdated policies that do not and will not generate positive results. Taxpayers have spent literally billions of dollars on law enforcement, social services, foster care, investigators and court costs to address the issue of child abuse. With every dollar spent, the number of reported child maltreatment incidence continues to spiral upward. And as those numbers increase, the nation will spend billions of dollars to pay for the consequences of child maltreatment.

Ours is a system of diminishing returns for the simple reason that it is a system without a sense of direction or purpose. It is more punitive than rehabilitative in nature. It emphasizes after-the-fact investigation rather than preventive treatment. Rather than give the children involved empowerment, confidence and emotional support, it makes them part of a cold, impersonal, often confusing legal process.

The most serious shortcoming of our nation's system of intervention on behalf of children is that it is reactive and investigatory in nature instead of proactive and preventive. We devote massive resources to investigate allegations and precious little to assist at-risk families and prevent child maltreatment from taking place.

State and county child welfare programs are not designed to provide immediate help to families who need or request assistance. The only time our child protection apparatus responds quickly is when suspected maltreatment is reported. Child protective system workers, instead of devoting their time to treatment and prevention, too often spend most of their hours gathering evidence against suspected abusive parents and preparing to testify in court. Without adequate resources devoted to prevention and treatment, there is little hope of preventing recurrence of maltreatment in troubled homes. And there is virtually no possibility of preventing abuse of children who have a great likelihood of being maltreated.

Ironically, we are ostensibly trying to aid children with a system that, by its very nature, is often hostile to families. By stressing investigation over positive assistance, the child protection system may actually be increasing the possibility of maltreatment in some high risk cases. By entering overstressed households with charges and warnings, investigators may very well weaken parental self-esteem and strain family bonds already frayed by multiple problems. Also, the system is geared toward removing the maltreated child from the family even in cases in which proper treatment and professional support could lead to reunification and adequate functioning as a family.

The bottom line is that the child maltreatment crisis in this country is not being alleviated. It is worsening. We will not reverse current trends until, one, we recognize the inherent failures in a child protection system driven by investigation; two, we engage in careful analysis and research to better understand the causes of child maltreatment; three, we acknowledge and begin to change the conditions that permit the occurrence of child abuse and neglect; and, four, we realize that this is a problem that affects society as a whole and, therefore, an effective solution must be broad-based in nature.

## THE PARAMETERS OF A NEW NATIONAL STRATEGY

*"So long as little children are allowed to suffer, there is no true love in the world."*

Isadora Duncan
American dancer and educator, 1924

A new national strategy to prevent child abuse and neglect must be one that offers children hope of attaining familial love and emotional support. Such a strategy must involve all segments of society in offering help and hope to individual children, parents, and families.

There are four components to the foundation for such a strategy, each of equal importance. First, a national strategy must be comprehensive. It must include contributions from social service, legal, law enforcement, health, mental health and education professionals as well as government policymakers. In order for such a strategy to work, it must include adequate resources not only for investigation and adjudication based on effective risk assessment, but also for prevention and treatment.

Second, a national strategy must be neighborhood-based. In fact, it must address the viability of the neighborhood itself. If we are to have healthy families we must become sensitive to the quality of the neighborhood environments in which our families live.

Third, a national strategy must be child-centered. A child protection system will not work if the child is treated as a benign object of concern. Children must be taken seriously as individuals. Attention must be given to their best interests. Children of adequate age and development must be given an opportunity to be heard and to be represented on matters that affect their lives and futures.

Fourth, a national strategy must be family-focused. Removal of children from the home and the possible resultant destruction of the family unit must be a last resort, used only when children are faced with genuine danger to their health and well-being. Policies should be aimed at strengthening families to minimize or eliminate the circumstances that can precipitate child abuse and neglect. We should work to improve the

x

functional competency and self-sufficiency of families. And we should make all reasonable efforts to reunite families when abuse or neglect has led to removal of children.

With the foundation components in place, we can begin erecting the elements of a strategy that will truly benefit America's at-risk children. The five elements proposed by the Board are as follows:

### ELEMENT ONE: STRENGTHENING NEIGHBORHOODS

Research has made it painfully clear that the rate of child maltreatment in a neighborhood is tied to the quality of life in that neighborhood. Neighborhoods that are considered dangerous and frightening by its residents have higher rates of maltreatment than neighborhoods that residents regard more positively, even when those neighborhoods have equivalent income levels and similar ethnic composition.

The likelihood of child maltreatment is heightened when fear, isolation, tension, and depression are part of everyday life. In neighborhoods that have low maltreatment rates, one is likely to find friendship among neighbors, watchfulness for each other's families, physical safety, common knowledge of community resources, visible leadership, and a sense of belonging, ownership, and collective responsibility. Offering people respect, involvement, and support can help overcome the isolation and depression that can result in abuse and neglect.

The problems in our neighborhoods are both sociological and economic. In neighborhoods most severely affected by flight to the suburbs, the average age of the remaining residents rises. Older residents are more likely to remain in place. That means young parents in declining neighborhoods are increasingly unlikely to have peers with sufficient resources to be available for mutual advice and support. Special efforts need to be made to ensure that connections are made among those young parents who remain.

Economic development is a key to alleviate the negative ramifications that accompany migration away from cities and sparsely-populated rural areas. Jurisdictions need to assess their neighborhoods and communities and work with economic developers and business leaders to develop local development strategies to create jobs and opportunities. In some instances this may be accomplished through community-owned cooperatives and credit organizations that keep scarce capital within the community.

Housing is another critical factor in child maltreatment propensity. Among families receiving Aid to Families with Dependent Children, studies have shown that children who live in overcrowded, dilapidated and underfurnished housing are more susceptible to abuse and neglect than those who live in safe, clean facilities. Jurisdictions must work to make housing adequate and affordable, and to make all aspects of a neighborhood's physical environment safe and a source of pride for residents. Neighborhoods must be safe havens for children and families, places in which parents and children can gather, interact, support and learn from each other.

### ELEMENT TWO: REORIENTING THE DELIVERY OF HUMAN SERVICES

If the child protection apparatus, as it exists today, is a public service, there has been a distinct lack of emphasis on the word "service." By emphasizing investigation and punitive action, some children are being rescued from threatening situations. Many other children and families, however, are not receiving the service they need to repair damage that has taken place or to prevent harm from occurring in the first place.

Where damage has already been done, treatment for maltreated children needs to be given greater priority. Today, even when the state takes custody of a maltreated child, it does little to ameliorate the harm, or prevent long-term effects that may occur without treatment, or to mitigate the harm that comes from intervention itself.

The current crisis in foster care is a prime example of the lack of priority given to harmed children. The foster care system is troubled by several different dilemmas. The number of available foster homes has decreased as the incidence of child maltreatment has exploded upward. Foster families do not receive adequate resources to help alleviate the effects of abuse, neglect, and separation from biological families. There has been little study or examination of the experiences of children within the foster care system to determine if the system serves a child's best interests. There is simply no clear goal, purpose, or definition of what foster care should be. There has been a deplorable lack of attention given to the fate of a child who enters the child protection process.

Likewise, too little priority has been given to services that can make parents feel more empowered, more able to gain control over their own lives, less prone to alienation, hostility, and abusiveness. Rather than the current investigation-centered process that exists today to protect children, there should be a three-tiered service system. One level would promote child development and healthy family function through community-based family support networks with access and referrals to human services. A second level would assist families and children with specific, imperative needs, and a third level would protect abused and neglected children through more comprehensive child protective services.

Our judicial system also needs to be reoriented toward the needs of children and families. There could be, for example, a greater emphasis on using alternative dispute resolution techniques rather than formal adversarial court proceedings in cases where there is no clear risk of serious harm to the child. A process that resolves problems and promotes family responsibility would help parents feel that they had a voice in developing the solution to family difficulties.

There also needs to be greater attention given to what a child experiences in the legal process. There has been little study into ways in which children can be more involved in legal proceedings and have their say in determining their future. The norm in many communities is that children are more objects than participants in child protection proceedings and are given little or no explanation about the nature of the proceedings or the reasons for the decisions reached. Children need to be better represented in judicial affairs that affect their interests.

There is a role here, as well, for the law enforcement community. Police officers and sheriffs can play much broader roles than simply to investigate allegations of neglect and abuse. There should be a greater emphasis on the concept known as community policing. Officers work with communities to generate greater watchfulness for children and to develop greater mutual support between neighbors. They work with housing and social services agencies and community organizations to create safer environments for children and families.

## ELEMENT THREE: IMPROVING GOVERNMENT'S ROLE IN CONTROLLING CHILD MALTREATMENT

Children have a right to protection of their personal security. Governments, however, have allowed the perpetuation of a system so full of faults and misguided policies that little guarantee of protection from continuing serious harm can be given even to children recognized as already abused or neglected. Even children who have been taken into state custody have no guarantee that their interests will be well served. Government must rectify this problem and protect a child's right to personal security.

That necessitates the establishment of a national child protection policy. Such a policy should have a clear goal, to facilitate comprehensive community efforts to ensure the safe and healthy development of children and youth. This policy should be the driving force in all government child protection-related actions.

There is also a need for change in government financing of child protection efforts. First, the current financing system offers incentives for out-of-home placement of children without similar incentives for use of prevention services, early intervention, and intensive crisis intervention. Greater financial incentive should be given to preventing problems before they happen. Also, "strings" placed on government funds are often so rigid that they discourage the development of comprehensive neighborhood-based services for families and children. Direct grants should be provided to neighborhood programs for the specific purpose of prevention and treatment of child abuse and neglect. Finally, federal and state governments need to coordinate regulations to make it easier for community-based agencies to build comprehensive services using funds from more than one source.

## ELEMENT FOUR: REORIENTING SOCIETAL VALUES THAT CONTRIBUTE TO CHILD MALTREATMENT

It is difficult to discourage child abuse in families when violence is widespread in our society. Community violence and family violence are strongly correlated in their prevalence, and they both are related to the cultural acceptance of violence.

Leaders in education, government, the media, business, and civic organizations can do much to deglamorize violence and send the message that violence is wrong, including the specific message that violence against children is inappropriate and that alternative means of discipline are available.

Schools have a particularly important role in teaching parents and children that effective nonviolent means are available to resolve conflict. There is value in parenthood education and school mediation programs that are aimed at preventing violence against children.

A corollary message concerns sexual exploitation and abuse of children. There is good reason to believe that one answer to reduction of the high frequency of sexual abuse of children lies in changes in societal values. The message must be simply given that sexual abuse is wrong. The entertainment media, which too frequently promotes the sexualization of children, has a significant responsibility to transmit this message and correct the societal distortions that some programming has encouraged.

Acceptance and appreciation of cultural differences is an important element in preventing and responding to child maltreatment, especially in high-risk neighborhoods. If child protection workers do not recognize the cultural significance of communication patterns and childrearing practices, the services they offer are likely to seem literally foreign and relatively unhelpful. Likewise, schools, churches, community development agencies and other neighborhood institutions should take special care to reflect the cultures they serve in their teaching materials, staff composition, visual displays, meals, and festivals. Respect for different cultures can help alleviate isolation, low self-esteem, and bitterness and, thereby, reduce family instability and other problems associated with child maltreatment. A failure to understand and respect cultural differences also deprives our society of the richness we would have if we were better able to incorporate -- or at least not destroy -- some of the traditional methods for resolving family crises that those from other cultures may bring.

## ELEMENT FIVE: STRENGTHEN AND BROADEN KNOWLEDGE ABOUT CHILD MALTREATMENT

Reviews by leading scholars in the field have shown that there is an alarming lack of knowledge about the factors that can affect propensity for child maltreatment.

There is little known, for example, about the perceptions that maltreated children and their parents have of the child protection system. In fact, few studies are available regarding maltreated children's experience of their environment. There is little research on the effect of neighborhood quality on rates of child maltreatment. Few studies have assessed the kinds of social support that are most likely to prove beneficial to at-risk families.

Not only does there need to be a greater quantity of knowledge in this area, but the quality and the direction of our research needs to be altered as well. Researchers and policymakers should adopt a more child-centered approach to research. They should learn about children's experiences in both existing and demonstration programs and systems, and they should consider the effects of child protection policies and practices on relationships important to children.

Child protection is important enough to demand extraordinary study and research. Evaluation of existing systems should be done routinely, and state and community child protection plans should be regularly fine-tuned in response to those evaluations.

## CONCLUSION

Implementing this strategy will not be easy. It means altering long-held beliefs on how best to address the problem of child abuse and neglect. It means a wholesale reorientation of thinking, with less emphasis on after-the fact investigation and more on treatment and prevention.

In developing this strategy, though, the Advisory Board kept foremost in mind the United Nations Declaration of the Rights of the Child: "*Mankind owes to the child the best it has to give*." We believe in giving our children the best we have, but first we must give them something basic -- a society in which they need not live in fear.

To that end, we as a nation must overcome the isolation and tensions created by the demands of modern life. We must create caring communities that support families and shelter and nurture children. We must take the time to see the need and to lend a hand. Above all, we must put the interests of children first and take steps that will allow them to grow, achieve their potential and become contributing members of society. A proper child maltreatment strategy will not only protect children from harm. It will help them thrive. This must be our goal. We must ensure the safety of all of our children for all time. As writer/philosopher Albert Camus stated so well:

> "*Perhaps we cannot prevent this world*
> *from being a world in which children*
> *are tortured.*
> *But we can reduce the number of tortured*
> *children.*
> *And if you believers don't help us, who else in*
> *the world can help us do this?*"

# Mission and Composition of the U.S. Advisory Board on Child Abuse and Neglect

The U.S. Advisory Board on Child Abuse and Neglect was established under Section 102 of the Child Abuse Prevention and Treatment Act (CAPTA) amendments of 1988. It consists of fifteen members appointed by the Secretary of Health and Human Services. Members represent a wide range of legislatively mandated disciplines, as well as various regions of the country and diverse personal perspectives. The names, titles, addresses and subject areas of Board members are listed in the appendix.

The explicit provisions of CAPTA creating the Board require it to prepare an annual report to the Secretary of Health and Human Services, appropriate committees of the Congress, and the Director of the National Center on Child Abuse and Neglect (NCCAN). In its reports, the Board is charged with evaluation of the nation's efforts to accomplish the purposes of CAPTA, and development of recommendations about ways those efforts can be improved.

In its first report in 1990, the Board concluded that the problem of child maltreatment in the U.S. had reached the proportions of a National Emergency, based on the alarming increase in reports and the consequences for our society. It argued that a broad and comprehensive approach was required, and it offered 31 recommendations for implementation at all levels of society. The Board's second report focused on recommendations for the federal government. A primary recommendation was implementation of universal voluntary neonatal home visitation as a means of early prevention.

The 1992 report was devoted largely to recording Board activities in preparation for the current report, as well as positions and statements issued during the year. This report also included a concept paper on Neighborhood Based Approaches, which serves as the basis for part of the current report.

The current report (1993) offers a broad analysis and approach, including steps that must be taken at federal, state, local and societal levels to make families and communities safer for children in this country. It presents a comprehensive new strategy which the Board believes will not only reduce the incidence of child maltreatment, but will reduce incidence of other social problems as well.

## Preparation and Structure of this Report

This report represents the culmination of four years of work by the Board. It extends, refines and weaves together information, ideas and proposals offered in earlier reports in order to propose a comprehensive national strategy. However, this report goes farther than prior efforts because it is based on far more information than was previously available. In order to base its conclusions on relevant research, the Board commissioned qualified researchers to review and summarize findings from scientific literature in six major subject areas. The authors and their topics included:

- James Garbarino and Kathleen Kostelny, Neighborhood-Based Programs
- Jill Korbin, Social and Cultural Factors in Child Maltreatment
- Paul Lerman, Child Protection in Out-of-Home Care
- Leroy Pelton, Material Supports as a Factor in Child Protection
- Ross Thompson, Social Support as a Factor in Child Protection
- David Wolfe, Treatment Related to Child Abuse and Neglect

Executive summaries of these papers are included in the appendix.

This report is also based on input received from scholars, administrators, policymakers, practitioners, front line workers, parents and youths at risk, offered at hearings, symposia and meetings conducted by the Board in various parts of this country. These events and other activities of the Board during 1992-93, are detailed in the appendix.

The report is structured to allow the reader to gain the most essential information quickly. Section I is a brief overview of the Board's proposed national strategy and the five elements of which it is comprised. Section II identifies conditions in American society which led to the current crisis, analyzes the response of the child protective system and discusses the need for reform. Section III offers an in-depth discussion of each of the five elements of the proposed national strategy. Section IV compares the Board's proposed strategy with related recommendations from other groups and institutions. Section V presents five guiding principles to be followed in implementing the national strategy, and Section VI outlines the potential contribution of major sectors and institutions in society. The report offers 34 recommendations, which are presented at the end of relevant subsections in section II, and are later consolidated in the appendix. The appendix also includes the Board's proposed national child protection policy.

# I. THE TRAGEDY OF THE PRESENT AND THE HOPE FOR THE FUTURE

## A. CHILD ABUSE AND NEGLECT: A PROBLEM OF FAMILIES AND NEIGHBORHOODS

We begin by describing three families. Their stories are not dramatic. They are not the sort that appear on the front pages of newspapers or the covers of news magazines. The adults involved are not evil people.

But the families in the stories are people in real trouble who have many problems, few resources, and little access to help. The children are at significant risk, the community has failed to provide the help necessary to ensure their safe and healthy development, and the child protection system as currently designed may even interfere with the help that is needed.

- Mary is a single parent of Native American heritage. Aged 25, she has three children under age six, and she receives Aid to Families with Dependent Children. She dropped out of high school, and she has no employment history or job skills. The family lives in a declining urban neighborhood. Mary does not know her neighbors, and there are no human service agencies located in the neighborhood itself.[1] Mary is an alcoholic, and she wants help in dealing with the problem, but she does not want to enter a residential treatment program if the cost of doing so is placing her children in foster care. No outpatient or day treatment services are available in her area of the city, and she lacks transportation to go elsewhere. Because she herself is a "graduate" of the foster care system, she does not want to put her children through a similar experience, and she distrusts Child Protective Services (CPS) workers. The hygiene of the children is often poor, and meals -- especially near the end of the month -- are provided on an irregular schedule.

- Sam is a nine-year-old boy who was reported to have been involved in inappropriate sexual behavior (fondling of genitals) with younger children. Interviewed by a sheriff's deputy in a rural County, Sam said that he sometimes showers with his father, but the deputy did not question Sam further about his experiences in his family. Deciding that Sam was a "perpetrator," the deputy immediately placed him in foster care pending a court hearing. Anxious to find out more about the situation, provide assistance to the family, and determine the risk involved if Sam were to return to his home, the CPS worker confronts distraught and angry parents who have been advised by their attorney to talk to the worker only in the attorney's presence.

- Jean and Joe Brown live in a small, dilapidated house that they rent in a rural village. There are holes in the floor of the front porch, and rusted farm tools litter the yard. The Browns have custody of six children, who have three fathers (one child is the biological child of both Jean and Joe). They range in age from six months to eight years. One of the children (Joe's child by a previous marriage) is an 18-month-old boy with failure-to-thrive syndrome, and the family physician in the County seat reported his suspicion that the child was neglected. Jean's brother George lives with the family, and he is suspected of having sexually abused Jean's five-year-old daughter, but the allegation was not proven. Teachers have complained that the older children's attendance is irregular. When they are present, their appearance is unkempt and sometimes dirty, they have trouble sitting still in class, they have no close friends, and their educational achievement already is substantially delayed. The family receives food stamps and Medicaid services. Joe works intermittently at low wages in a meat-packing plant in the County seat. Neither he nor his wife has more than a tenth-grade education.

Families like the ones described are being reported to Child Protective Services and law enforcement agencies in ever greater numbers -- **nearly three million times a year in the United States.**[2] Although serious physical and sexual abuse occur with disturbing frequency, ***the vast majority of reported cases involve a primary allegation of neglect or emotional maltreatment.***[3] *The problems presented are complex,* *and the threat to children's safe and healthy development is often substantial -- just as in cases of serious physical and sexual abuse.*[4]

*But in the face of such problems,* **the investigation itself is the only "service" provided in about 40% of *substantiated* cases** (i.e., cases in which public child protection authorities believe that the evidence shows that abuse or neglect did occur).[5] Unfortunately, the proportion of substantiated cases in which no services are provided is steadily increasing.

When each year hundreds of thousands of children are identified as maltreated but provided no help, both common sense and empirical research lead to the conclusion that **the child protection system is failing disastrously**. Indeed, the fact that so many children and families reach such a point -- **that they lacked the help they needed *before* abuse or neglect occurred -- is itself catastrophic.**

No problem can be more basic than threats to personal security. No social and governmental responsibility can be more fundamental than assuring the safety of the nation's children.

This responsibility has not always been given the attention its seriousness merits. Yet surely the American people and their elected representatives never intended to create a situation in which the personal security of so many children is at risk. Indeed, the millions of reports made each year clearly demonstrate the public's awareness and concern for the safety of children. Moreover, the Nation spends billions of dollars each year in response to the problem of child abuse and neglect.

This report describes the nature of the flaws in the child protection system and the ways in which they developed. In response, the Board offers a vision of a new system that would take children's own experience seriously and would strengthen families and neighborhoods by facilitating neighbors' help for each other.

Through new connections among families and support for each other, we must build a safety net that is woven so tightly in every neighborhood that children cannot fall through. The development of safe environments for children will require:

- easy availability of both social and material support,
- redesign of the human service and justice systems to promote neighbors' perceived responsibility to watch and care for children and their capacity to do so,
- the commitment of every adult to join in building environments that are safe for children and their families,
- changing attitudes that inadvertently increase the risk of harm to children, and
- the leadership of public officials in promoting such a commitment and fostering the generation and planned application of the knowledge necessary to fulfill it.

The challenge to all sectors of American society to secure the safety of children is enormous and complex. Its fulfillment will require a new way of thinking among policymakers, the public, and professionals. It will also demand broader efforts and better informed and more careful planning than has ever occurred in the child protection system.

But the safety of children is an achievable goal. It is made easier by the lessons learned in current Federal, State, and local initiatives to reform child and family services, as well as by current and historic efforts to build a sense of community in neighborhoods most at risk. And it is made possible by our heritage of **neighbor helping neighbor**.

Although current social realities may make the neighborliness needed for the protection of children seem less "natural" than it was in the past, it is no less important. Federal, State, and local policymakers and program administrators must take the steps necessary to facilitate the development of caring communities with strong norms of mutual assistance and adult care, concern, and respect for children. This report provides the framework for doing so.

## B. CHILD MALTREATMENT AS A NATIONAL POLICY ISSUE

The U.S. Advisory Board on Child Abuse and Neglect is charged, among other tasks, with reviewing the Nation's progress in protecting its children. When the Board first responded to its charge in 1990, we concluded that the scope of the problem of child maltreatment was so enormous and serious, and the failure of the system designed to deal with the problem was so catastrophic that the crisis had reached the level of a **national emergency**. The Board noted the astronomical increase in the number of cases of child abuse and neglect, the inability of the child protection system to protect the children involved, and the billions of dollars being spent annually on a failing system and countless billions more that are lost as a result of the consequences of child maltreatment. The Board proclaimed a moral crisis, not just in the degradation that children experience as a result of abuse and neglect but also in the Nation's tolerance of the widespread maltreatment of children. Tragically, the state of emergency remains in effect and may in fact be even more dire today than it was in 1990.

In its 1990 report, the Board issued thirty-one recommendations designed to "plug the holes in the dike" and alleviate the emergency conditions facing many of the Nation's children. The Board also noted inherent problems in the existing child protection system and promised to develop a proposal for a new national comprehensive child-centered, neighborhood-based, and family-focused child protection system.

**This report contains that proposal.** The Board presents it to the Secretary of Health and Human Services, the Director of the National Center on Child Abuse and Neglect, and the Congress in the belief that it is time to respond with due urgency to the catastrophic conditions in the current child protection system by replacing it with a new system which will far more effectively assure children of protection from harm.

The proposal reflects a mixture of emotions. It results from **horror** -- the continuing tragedy of catastrophic failures in the child protection system. But it has been developed with **hope** -- the yearning for communities that care enough about their youngest members to protect them from serious harm.

## C. SUMMARY: THE ELEMENTS OF THE NEW NATIONAL STRATEGY

The Board believes that protection of the Nation's children requires significant changes in the nature of our society. We must take five key steps: (1) strengthen neighborhoods; (2) reorient the delivery of human services, including justice services; (3) improve the role of government in addressing child maltreatment; (4) reorient societal values that may contribute to child maltreatment; and (5) strengthen and broaden the knowledge base about child maltreatment.

### 1. Strengthen Neighborhoods

**We must strengthen our neighborhoods, both physically and socially, so that people care about, watch, and support each other's families. Child protection must become a part of everyday life, a function of all sectors of the community.**

In that connection, **the Board's top-priority recommendation is for the creation of *Prevention Zones*** -- model neighborhoods in which intensive efforts are made to facilitate **neighbors helping neighbors** and to promote economic and social development for the purpose of preventing child abuse and neglect. Prevention Zones will offer opportunities to test the effectiveness of child protection efforts in neighborhoods of differing population density, ethnic and cultural composition, and social and economic resources.

Every neighborhood should have a **Child Protection Plan** to strengthen families and prevent harm to the children residing there. The plan should be constructed and implemented by neighborhood residents and local interagency councils with access to whatever external resources, including technical assistance, are necessary. Community Development Block Grants should be augmented to facilitate this work.

Among the specific programs that should be planned and implemented are:

- **family resource centers** to provide easily accessible, highly integrated services to promote parental competence, meet the diverse needs of children and families, and facilitate sense of community and networks of social support in the neighborhood;

- **youth programs** to enhance parent-adolescent relations, treat the effects of abuse, offer youth positive and challenging roles in their communities, and opportunities for positive networking in order to assist them in their transition to adulthood and parenthood;

- **economic development programs** to diminish poverty and its effects and to promote residents' self-esteem and sense of community and their resources to help each other;

- **housing programs** to increase the physical safety of the neighborhood and to promote residents' interaction with each other;

- **Adopt-a-Neighborhood** programs by which businesses and other institutions (e.g., churches, synagogues, and civic clubs in affluent neighborhoods) assist in strengthening neighborhoods with few resources.

### 2. Reorient the Delivery of Human Services, Including Justice Services

**We must expand and reform our human service system so that it becomes as easy to provide services to prevent child maltreatment and other forms of family disintegration as it is to place a child in foster care after the fact.** Prevention and treatment, including both social and material supports, should be integrated into neighborhood settings, such as schools and neighborhood centers. Mental health services should be widely available and easily accessible for children and families affected by child abuse and neglect.

**We must also reform the law and the justice system to promote neighborhood responsibility and to ensure government accountability for the protection of children.** The resources consumed through investigative processes that precede legal decision making should not detract from the far greater priorities of preventing and treating child abuse and neglect. Civil and criminal investigation, adjudication, and disposition must be conducted with due respect for children and parents as individuals, and we should ensure that children have effective advocates for their interests and views.

**We must reform foster care, so that it becomes part of a neighborhood-based system of services.** We should experiment with alternatives to traditional family foster care that may provide children with consistent family environments, promote permanence in children's relationships, and ensure children's safety. We should give foster parents the respect and resources they deserve.

### 3. Improve the Role of Government in Addressing Child Maltreatment

We must care enough about the quality of efforts to protect the safety of our children that we insist that child protection programs are **planned** so that they are neighborhood-based, child-centered, family-focused, and culturally and ethnically relevant. **A National Child Protection Policy should be adopted to provide a comprehensive neighborhood-based, child-centered, and family-focused foundation for efforts to protect children.**

We must ensure that government does not inhibit community efforts to protect children and strengthen their families. **We must reorient fiscal policies that make it easier to fund foster care than prevention and that deter community agencies from combining funds from several sources to provide badly needed services.** We must develop more flexible approaches to financing that encourage communities to develop comprehensive, integrated approaches to families with multiple needs.

### 4. Reorient Societal Values That May Contribute to Child Maltreatment

**We must reorient our values so that violence ceases to be an acceptable response to conflict within families and communities. We must also develop greater understanding and appreciation of the strengths of the various ethnic cultures that make up our society,** so that **cultural differences become recognized as sources of strength rather than "problems." We must work to change attitudes toward sexuality that result in the exploitation and sexualization of children.**

We must **regard children as full members of the community,** whose personal security must be protected, whose interests must be respected, and whose views must be heard and adequately represented, especially in connection with the courts and other institutions that have control over their lives. As an affirmation of the value of children as persons and a framework for policy development **the United States should ratify the Convention on the Rights of the Child.**

### 5. Strengthen and Broaden the Knowledge Base About Child Maltreatment

**We must strengthen our program of research to generate knowledge sufficient to guide policymakers, program administrators, and front-line practitioners in the creation of caring communities and the protection of individual children.** Funding for research on child maltreatment should be increased substantially, and the Federal capacity for managing the programs that result should be improved to comport with scientific norms.

**Evaluation studies should become an ongoing part of policy formation and services delivery, and programs and policies should be regularly modified in response to the results.** In that connection, Prevention Zones can be ongoing laboratories for refinement of programs that may be applied to prevent child abuse and neglect or treat its effects in diverse communities.

Whatever the specific topic of research related to child abuse and neglect, it should be **child-centered** so that the experiences of children are learned. Similar respect should be exhibited for caseworkers, parents, foster parents, and others in the child protection system, so that they are consulted in the design of research and given feedback about its results.

The five steps noted above are the keys to a national strategy. Each step has been thoroughly considered by others, and most have been proposed individually from other quarters. Some have actually been implemented in particular communities and programs. But taken together, they constitute a new and comprehensive approach to the problem of child maltreatment. We turn now to the rationale for a new system.

---

## ENDNOTES

[1] The neighborhood in which Mary lives was one of the ones identified in research by Garbarino and his colleagues as both economically and socially impoverished and as having a high rate of child maltreatment, relative even to other neighborhoods of comparable social class. James Garbarino & Deborah Sherman, *High-Risk Neighborhoods and High-Risk Families*, 51 CHILD DEV. 188 (1980).

[2] Karen McCurdy & Deborah Daro, Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1992 Annual Fifty State Survey 2 (Apr. 1993) (report of the National Center on Child Abuse Prevention Research). The number of reports of suspected maltreatment in 1992 showed a continuing dramatic increase--7.8% between 1991 and 1992. *Id.*

[3] *Id.* at 9.

[4] *See generally* PANEL ON RESEARCH ON CHILD ABUSE AND NEGLECT ch. 4 (prepub. ed., 1993) [hereinafter PANEL] (report of the National Research Council); U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT, CHILD ABUSE AND NEGLECT: CRITICAL FIRST STEPS IN RESPONSE TO A NATIONAL EMERGENCY 17-21 (1990) [hereinafter EMERGENCY] and citations therein; Jay Belsky & Joan Vondra, *Lessons from Child Abuse: The Determinants of Parenting, in* CHILD MALTREATMENT: THEORY AND RESEARCH ON THE CAUSES AND CONSEQUENCES OF CHILD ABUSE AND NEGLECT 153 (Dante Cicchetti & Vicki Carlson eds., 1989) [hereinafter THEORY AND RESEARCH].

[5] McCurdy & Daro, *supra* note 2, at 8.

# II. THE NEED FOR A NEW NATIONAL STRATEGY

## A. NOT JUST MORE BUT DIFFERENT

Some ask why the Board advocates a **new** strategy.[6] Such commentators generally acknowledge the emergency in the child protection system, but they attribute the continuing crisis to insufficient resources. If more dollars were appropriated, they argue, the crisis would evaporate.

Although the Board agrees that funds available for some efforts related to child protection have been grossly inadequate,[7] the Board also believes that the problem lies in the way that resources have been used as much as in the magnitude of the resources that have been available. The Nation needs not just **more but different** investment in child protection. The Board continues to believe that a response to the emergency without fundamental changes in the child protection system will not prevent its recurrence.

To understand the need for radical change in child protection, it is necessary to know some facts about the current nature of family life, child maltreatment, and the child protection system.

## B. THE NATURE OF CONTEMPORARY FAMILY LIFE

Since 1960, family life has changed dramatically -- often in the direction of more serious and complex problems and less consistent economic and social support. Unfortunately, the service system has not changed at a comparable rate.

**The changes that have occurred in the structure of American families are extraordinary**: a 50% decline in the fertility rate, a more than four-fold increase in births outside marriage, a four-fold increase in the divorce rate, and a nearly three-fold increase in the proportion of working mothers of young children.[8] Although there are of course many well-functioning single parent families, and families with two working parents, the needs of these families for child care, and the difficulties they face in managing extremely limited time, can be very stress producing. Although there is some cultural variation (both within the United States and across national borders) in the magnitude of this transformation in family structure, it is present to some degree in every developed country and appears therefore to be a byproduct of economic and technological change.[9]

Other changes exacerbate the decreasing availability of adults for many children. Not only are fewer adults present in families, but their time -- and often that of their children -- for family life has been shrunk by increasing demands outside the family.[10] Moreover, social supports often are disrupted by moves. One in every four young children lives in a home different from the one that the family occupied a year earlier.[11]

Tragically, social networks have become so disrupted that, for many families, isolation is one of the realities of everyday life. As one commentator has lamented:

> *What is most striking about parents today is how isolated many of them are from other families and from each other, and how hungry they are for new ways of making contact. "Sometimes I feel like the last person on earth," one PTA president told me. Isolation among parents creates isolated kids -- or more specifically, kids isolated from the adult world, more vulnerable to their peers. Why are parents so isolated? Longer commutes; both parents working ever longer hours; the new urban form; the fading of older networks -- coffee klatches, churches, neighborhood schools. In the work place, parents seldom discuss parenting because parenting is too often considered a career hindrance. Instead of support from the society, we get advice, a booming how-to-parent industry. "I'm afraid of other parents," said one mother. "You never know what kind of weirdos are raising your child's friends." As lonely parents fear their environment and doubt their own competence,* ***community*** *-- the real preventer of child abuse and other violence -- diminishes.*[12]

Although such a diminution of social support is common in American society as a whole, it is most pernicious in impoverished neighborhoods. A family move is disruptive under the best of circumstances, but the aggregate trends in the direction of migration have had broader social effects. As inner cities and many rural areas and small towns lose ever greater numbers of young families,[13] economic stratification also has been increasing. The rich have gotten richer, and the poor -- especially women and children living in poverty --have gotten poorer. In the 1980s, income for the lowest 40% of families on the economic ladder in the United States declined in real dollars, while income for the top 20% rose by 28.9%, and income for the top 1% rose by 74%.[14]

Not only has the gap widened, but poverty also has become more sustained. The proportion of families moving out of poverty declined by almost 40% in the last decade.[15] As the economic outlook for young adults has declined,[16] so too has the welfare of children, who are now the poorest Americans.[17]

The combination of migration from neighborhoods with few resources and increasing severity of poverty within them has resulted in increasing numbers of unstable, "drained" neighborhoods that appear to be in the throes of **negative social momentum** -- decreasing population, decreasing home ownership, increasing proportion of single-parent families, and increasing family and community violence and other crime.[18] Poverty has become not only more sustained but also more concentrated. For example, the proportion of poor families in Cleveland living in high-poverty neighborhoods rose from 21% in 1970 to 50% in 1988.[19] Social networks are constantly being disrupted by out-migration as families who are sufficiently competent or lucky obtain the resources to move. They leave behind families who have less and less, on average, with which to help each other.

Unfortunately, the decline in informal social support -- a decline that is most severe in impoverished neighborhoods -- has not been matched by an increase in the availability, accessibility, or responsiveness of the formal service system. The nature of services has changed little while families and their social context have changed enormously. Indeed, the trends have been toward increasing professionalization, bureaucratization, and privatization of services.[20]

As the National Commission on Children summarized:

> *Most poor children in America are in double jeopardy. They experience the most health problems but live in the least healthful environments and have the least access to medical care. They are at the highest risk of academic failure, but often attend the worst schools. Their families experience the most stress but the fewest social supports.*[21]

Indeed, those services that are available are increasingly "two-tier": a private service system for economically advantaged families and a public, often more restrictive system for those who are poor, especially those who are also of color. Thus, children of color fill more than half of the beds in training schools and detention centers, while white youth who enter the juvenile justice system obtain most of the private placements.[22] Racial and class divisions are found in child mental health services.[23]

Of even more direct relevance to the child protection system, such a phenomenon can also be observed in public social service agencies in which, as a practical reality, child welfare services often have become synonymous with CPS.[24] In parallel with the trends in other systems, families of color are strikingly overrepresented in CPS,[25] and children from poor families, many of whom are children of color, fill most of the slots on the foster care rolls.[26]

## C. THE NATURE AND CAUSES OF CHILD MALTREATMENT

The increasing stress of family life and the diminishing economic and social supports combine to make a situation in which the family as an institution may be in peril. Even if such a conclusion is overly broad,[27] there can be no doubt that socioeconomic change has resulted in unraveling of the social fabric in many neighborhoods. The danger in some neighborhoods is so great that the physical environment presents hazards for children and the social environment breeds violence, both within and among families, and fails to provide sufficient support to dampen family stress.

Within such a context of threats to family life, the number of reports of suspected child maltreatment has grown at an explosive rate -- from an estimate of a few hundred cases in the early 1960s to reports of 60,000 cases in 1974 (when the Child Abuse Prevention and Treatment Act was enacted), 1.1 million cases in 1980, 2.4 million cases in 1989, and nearly **three million** cases in 1992.[28] The proportion of unsubstantiated cases has remained relatively constant across time (approximately 60% of reports[29]). Although a substantial proportion of cases are never substantiated, underreporting also remains a serious problem.[30] The best evidence is that **at least 2.5% of American children are abused or neglected each year.**[31]

Cases of serious physical injury -- even death -- occur with shocking frequency.[32] Nonetheless, neglect remains the most commonly reported form of child maltreatment[33] -- a fact that has too often been ignored in cries for reform of the child protection system.

Whether one looks at the cases of infants shaken or beaten to death, older children who simply lack adequate care, or adolescents who are raped and sodomized, the picture is enormously complex. Whatever their form (neglect, physical abuse, sexual abuse, or emotional abuse), cases of child maltreatment usually involve a multiplicity of personal, social, and economic problems. When that impression is combined with knowledge about the increasing complexity of family life and the diminishing supports for families, the difficulty of preventing and treating child abuse and neglect becomes obvious, regardless of the cause of the extraordinary increase in suspected child abuse and neglect.[34] So too does the need for a comprehensive, multifaceted approach.

The complexity of the problem is not simply that there are multiple factors involved in the causation of child maltreatment; the complexity also reflects the fact that almost every one of the specific factors has a myriad of causes and effects. Accordingly, child maltreatment is often just one of a multitude of impulsive, irresponsible acts,[35] often including violence toward multiple family members.[36] Perhaps an even better illustration of the principle of complex causation is the fact that the single most important factor is poverty. Although most pronounced in cases of neglect, poverty is a strong predisposing factor for all forms of child maltreatment.

Of course, most poor families protect their children, but parents in poverty face a heroic task in doing so. As the National Commission on Children observed:

> *Poverty and economic instability are associated with well-documented negative effects on children. Many poor children go undernourished, are inadequately clothed, and live in substandard housing. For them, the world is often a dangerous and threatening place to grow up. It is crime-ridden streets where schools and playgrounds are the domain of gangs and drug dealers, or it is desolate rural areas without adequate roads and running water. It is dilapidated homes with broken windows, poor heating, lead paint, rats, and garbage. It is a world in which children grow up afraid and ashamed of the way they live, where they learn basic survival skills before they learn to read.*[37]

Even the psychological variables that are associated with child maltreatment -- depression, low self-esteem, sense of powerlessness, general inadequacy, impulsivity, substance abuse[38] -- relate directly to ability to cope with poverty.[38] So too are the related demographic factors, such as family size,[40] and the individual-child characteristics, such as disability,[41] which stretch already thin family budgets.

If such circumstances -- poverty combined with personal difficulties in coping -- are to be overcome, assistance must be available where families are when they need it, and there must be reason for hope. Creating such ingredients requires attention to the neighborhood environments in which people live. Child maltreatment reporting rates vary according to neighborhood quality even when income levels and cultural composition are similar.[42] In neighborhoods in which children are protected, there is friendship among neighbors, watchfulness for each other's families, physical safety of the environment, common knowledge of community resources, visible leadership, and, perhaps most critically, a sense of "belonging," ownership, and collective responsibility. By contrast, some neighborhoods have been so drained of these qualities that they are disastrous for children and families. Neighborhoods with high rates of maltreatment often so lack cohesion that their residents cannot even identify a name for the neighborhood.[43]

A British scholar recently described residents' lack of identification with a neighborhood as home as psychological homelessness and noted the perniciousness of such isolation in affecting family safety:

> *By psychological homelessness I mean two things: first that they do not have a home which confers on them the benefits and physical resources that they consider necessary for the tasks that are expected of them. Secondly, they do not have a home in the sense of having a place which is a "safe haven" -- a place where they feel they belong, a place where they know and trust people, a place where they want their children to grow and develop.*[44]

If child maltreatment is to be prevented and treated effectively, research on its prevalence and causes leaves an unescapable message: efforts must be made to eliminate the circumstances -- both personal characteristics and socioeconomic contexts -- that cause or permit families to be isolated from each other.[45] The task is sufficiently complex and difficult that it is likely that efforts must be both multifaceted and sustained; single-factor, one-shot interventions are unlikely to be successful in either prevention or treatment of child abuse and neglect. Unfortunately, the child protection system has far to go if it is to operate according to such principles.

## D. THE INADEQUACY OF THE CURRENT STRATEGY FOR ADDRESSING CHILD MALTREATMENT

### 1. A Central Focus on Investigation

*The most serious shortcoming of the nation's system of intervention on behalf of children is that it depends upon a reporting and response process that has punitive connotations, and requires massive resources dedicated to the investigation of allegations. State and County child welfare programs have not been designed to get immediate help to families based on voluntary requests for assistance.* ***As a result it has become far easier to pick up the telephone to report one's neighbor for child abuse than it is for that neighbor to pick up the telephone to request and receive help before the abuse happens.*** *If the nation ultimately is to reduce the dollars and personnel needed for investigating reports, more resources must be allocated to establishing voluntary, non-punitive access to help.*[46]

Investigation now drives the child protection system.[47] Stated differently, **the system acts in response to allegations -- not needs for help.** CPS workers report spending much of their time in evidence gathering and court appearances.[48] In turn, CPS consumes an ever greater proportion of child welfare budgets.[49] Moreover, whenever an exposé occurs in the child protection system (for example, after a child dies as a result of maltreatment), the usual clamor is to blame CPS or call for more CPS investigative workers.

To be clear, the Board is not satisfied with the quality of investigation of cases of suspected child maltreatment -- investigation that can have seriously harmful consequences if it leads to either undue alarm or undue complacency. An investigation may result in unnecessary removal of children and even unjustified incarceration -- or conversely, it may overlook preventable danger -- sometimes grave danger -- to children, including children other than the ones reported. Too often, workers have minimal training in evidence gathering and, even if their training is adequate, their caseloads are too great to invest sufficient time to investigate reports thoroughly. Moreover, even if workers are trained and have manageable caseloads, research is insufficient to guide their assessments of risk to a level of validity much beyond that which can be obtained by clinical experience and intuition alone.[50]

**The result of the current design of the child protection system is that investigation often seems to occur for its own sake, without any realistic hope of meaningful treatment to prevent the recurrence of maltreatment or to ameliorate its effects, even if the**

**report of suspected maltreatment is validated.** Obviously investigation cannot be removed altogether, but it should no longer be the centerpiece of child protection.

Whatever the skills and motivation of individual workers, the child protection system appears to lack the sense of mission with which it started. Ironically and tragically, **the child often has been lost in the system.** CPS workers and others in the child protection system have found their job seemingly defined as checking off boxes: Did parents engage in particular behavior that justifies coercive government intervention? If so, have they complied with each element of a dispositional plan? The result of this focus is that **the child is the party least likely to be meaningfully represented, the child's wishes and perceptions of the situation are often unheard or ignored, and the child is often the least likely to receive treatment.**

The ultimate results of the central focus on investigation may in the end diminish the effectiveness of the overall effort to prevent and treat child abuse. Workers who are charged with prevention and treatment of child abuse and neglect too often find most of their time spent on investigation and preparation of cases for court.[51] Even if sufficient time is left, the role conflicts engendered by the law enforcement functions of CPS workers[52] may diminish not only the fairness of the system[53] but also the effectiveness of workers when they do attempt to offer help. Increasingly, such role conflicts are also being experienced by other professionals whose helping role historically has been less ambiguous.[54] The implicit assumption that investigation by itself will result in protection of children has prevented the assumption of responsibility to offer help to prevent child maltreatment or ameliorate its effects. Of particular significance in the context of this report, the fact that it has become much easier to report one's neighbor for child maltreatment than to offer them direct help may have weakened the kind of neighboring that held communities together and strengthened families in the past.

In fact, in the absence of meaningful help, **investigation may weaken parental self-esteem and perceived control.** Moreover, it may strain family bonds already frayed by multiple problems.

### 2. The Roots of the Emergency

Clearly, the child protection system is broken. To appreciate the need for fundamental change if it is to fulfill its original purpose of protection of children from harm, it is useful to examine how the system reached its current state.

In its current form, the child protection system is not very old.[55] After the publication of *The Battered-Child Syndrome* by C. Henry Kempe and his colleagues in 1962,[56] every State soon adopted a mandatory reporting law. With the adoption of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974[57] and the corollary establishment of the National Center on Child Abuse and Neglect (NCCAN), the Federal Government also focused its initial efforts on establishment and implementation of State laws to require reporting of suspected child maltreatment. The "strings" established by CAPTA for Federal funds to States to address the problem of child maltreatment thus focused on provisions for identification and investigation of suspected cases, **not for prevention and treatment.**

At the time, this strategy seemed reasonable. Child maltreatment was thought to be an uncommon although egregious problem,[58] and the major obstacle to an effective solution was uncovering the cases. It is unlikely that anyone foresaw either the complexity of the cases that would ultimately emerge, or the stunning and continuing increase that would occur in their numbers.

### 3. Conceptual Mistakes That Have Accompanied the Development of the Current System

Although it is difficult now to separate ideas that stimulated the growth of a child protection system focused on investigation from those that resulted from it, it is clear in retrospect that several conceptual mistakes accompanied the development of the system.

***First,* public policy has been driven by the response to the wrong question.** With the focus on investigation as a prelude to court action and, ultimately, separation of maltreated children from abusive or neglecting parents, the policy debate has focused on the question, "Under what circumstances is coercive government intervention justifiable to protect children?" This question tends to elicit legalistic discussion about the definition of abuse and neglect, the standards for gathering and introducing evidence about parental behavior, and the relative strength of rights of parents and children. Remarkably little discussion occurs about the far broader question, **"What can government and social and neighborhood institutions do to prevent or ameliorate harm to children?"**

This report responds to the latter question -- a question that turns the focus away from symbolic debates toward provision of prevention and treatment, and design of environments for children that are psychologically and physically safe.

***Second,*** the idea that "doing something" about child maltreatment means initiating an investigation has become ingrained among professionals and the public. As a result, **policymakers disturbed by the crisis in child protection commonly fail to look beyond the "solution" of hiring more CPS workers,** and **the professions and the public as a whole generally do not assume responsibility** for action to protect children.

***Third,*** in the same vein, at least in part because investigation has been primarily the function of CPS, **child maltreatment has been identified as a social services problem.**[59] Perhaps as a result, ***other sectors of the child protection system -- elements that are necessary to address the multiple dimensions of the problem of child abuse and neglect -- often have been absent from active involvement in planning and implementing a response.***[60]

***Fourth,*** the narrowness of the question asked and the responsibility assigned has contributed to the **lack of comprehensive, conceptually coherent planning in the child protection system.** This vacuum has facilitated piecemeal governmental responses to the problem of child abuse and neglect and the ever-worsening crisis in the child protection system.[61] Unfortunately, one result has been to increase the workload of CPS agencies and NCCAN through expansion of the range of specific problems under their aegis without a commensurate increase in support.

In short, current knowledge about the nature of child maltreatment and the societal response to it suggests that the child protection emergency will continue or recur unless

- the perceived responsibility for child protection is broadened substantially,
- investigation is not pursued for its own sake,
- concerted efforts are made to change the conditions that permit the occurrence of child abuse and neglect, and
- those efforts are based on careful policy analyses and empirical research.

---

## ENDNOTES

[6] As elaborated in Section IV *infra*, the Board recognizes, of course, that some of the elements of the strategy that it is proposing have been advocated by other groups. Certainly the values and beliefs that underlie the proposed strategy are found in varying degrees throughout the United States.

To our knowledge, however, some of the specific ideas included in this report (for example, our reconceptualizations of the roles of the justice system and foster care) are original. So, too, is the emphasis on strengthening neighborhoods for the purpose of child protection. Regardless, the Board's advocacy for a **new** strategy for child protection is based not so much on a claim of originality as a conviction that the strategy that is currently in place is not working and that the child protection system cannot be mended simply by infusion of additional resources.

[7] *See, e.g.*, General Accounting Office, Child Abuse: Prevention Programs Need Greater Emphasis (Aug. 1992); Emergency, *supra* note 4, at 50-51 and citations therein (Federal and State support for categorical programs on child abuse and neglect has risen at a far slower rate than the number of reported cases); Panel, *supra* note 4, at 8:7-8:17 (research funding); U.S. Advisory Board on Child Abuse and Neglect, Creating Caring Communities: Blueprint for an Effective

Federal Policy on Child Abuse and Neglect 25 (1991) [hereinafter [Creating Caring Communities] (funding for the National Center on Child Abuse and Neglect).

[8] David Popenoe, *Family Decline in America*, *in* Rebuilding the Nest: A New Commitment to the American Family 39, 40-43 (David Blankenhorn et al. eds. 1990) [hereinafter Rebuilding].

[9] *Id.* at 43; *see, e.g.*, Alisa Burns, *Mother-headed Families: An International Perspective and the Case of Australia*, Soc. Pol. Rep., Spring 1992, at 1.

[10] Mark Mellman et al., *Family Time, Family Values*, *in* Rebuilding, *supra* note 8, at 88-91.

[11] Bureau of the Census, Statistical Abstract of the United States 20 (112th ed. 1992) [hereinafter Census], at table no. 22.

[12] Richard Louv, *Weaving a New Web*, Fam. Affairs, Winter/Spring 1991, at 6, 6. Similar observations were made by the National Commission on Children, Beyond Rhetoric: A New American Agenda for Children and Families 70-71 (1991) [hereinafter Beyond Rhetoric]. *See generally* Robert N. Bellah et al., Habits of the Heart (1985) (discussing the nature and consequences of individualism and related social isolation in contemporary life in the United States).

[13] Although overall nonmetropolitan outmigration is less pronounced than in some earlier time, it persists from agricultural regions in the Midwest and the Deep South. Kenneth M. Johnson, *Recent Population Redistribution Trends in Nonmetropolitan America*, 54 Rural Soc. 301, 315 (1989). Although most pronounced for whites, outmigration from central cities by most ethnic groups continues at a rapid pace, especially among young families. John L. Goodman Jr. & Mary L. Streitwieser, *Explaining Racial Differences: A Study of City-to-Suburb Residential Mobility*, 18 Urb. Aff. Q. (1983); Joochul Kim, *Characteristics of Migrants Within the Framework of Current Migration Direction in the United States: Some Evidence from Micro-Data Analysis*, 12 Pol. Scis. 335 (1980). *Cf.* Census, *supra* note 11, at 20, table no. 21 (net domestic migration decreased from the industrial Northeast throughout the 1980s). Young families are the most mobile segment of the population; one in four preschoolers, one in five elementary-school-age children, and two in five 20- to 24-year-old adults move each year. *Id.* at 20, table no. 22.

[14] James Garbarino, *The Meaning of Poverty in the World of Children*, 35 Am. Behav. Scientist 220, 223 (1990).

[15] *Id.* at 225.

[16] Beyond Rhetoric, *supra* note 12, at 8.

[17] *Id.* at 24. *See* Patricia Voyndanoff, *Economic Distress and Family Relations: A Review of the Eighties*, *in* Contemporary Families: Looking Forward: Looking Back 429 (Alan Booth ed. 1991).

[18] James Garbarino & Kathleen Kostelny, Neighborhood-Based Programs 75-76 (1992) (report to the U.S. Advisory Board on Child Abuse and Neglect).

[19] Claudia J. Coulton & Shanta Pandey, *Geographic Concentration of Poverty and Risk to Children in Urban Neighborhoods*, 35 Am. Behav. Scientist 238 (1992).

[20] *See* Gary B. Melton, *Children, Families, and the Courts in the 21st Century*, ___ S. Cal. L. Rev. ___, ___ (forthcoming 1993) (report to the Committee on Family Relations, 2020 Vision Project, Judicial Council of California).

[21] Beyond Rhetoric, *supra* note 12, at 29.

[22] *See, e.g.*, Barbara Allen-Hagen, Public Juvenile Facilities: Children in Custody 1989 (1991); Barry Krisberg et al., *The Incarceration of Minority Youth*, 33 Crime & Delinq. (1987); Katherine Hunt Federle & Meda Chesney-Lind, *Special Issues in Juvenile Justice: Gender, Race, and Ethnicity*, *in* Juvenile Justice and Public Policy: Toward a National Agenda 165, 177-84 (Ira M. Schwartz ed., 1992).

[23] Federle & Chesney-Lind, *supra* note 22, at 187-89. Actually, the system is "double two-tier" in that children of color are more likely to go into the public rather than the private mental health system, but they also are less likely to be diverted from the juvenile justice to the mental health system. *See, e.g.*, Dorothy Lewis et al., *Race Bias in the Diagnosis and Disposition of Violent Adolescents*, 137 Am. J. Psychiatry 1211 (1980).

[24] Sheila B. Kamerman & Alfred J. Kahn, *If CPS Is Driving Child Welfare, Where Do We Go From Here?*, Pub. Welf, Winter 1993, at 41 (originally appeared in the Winter 1990 issue); Sheila B. Kamerman & Alfred J. Kahn, *The Problems Facing Social Services for Children, Youth, and Families*, 12 (No. 1-2) Children & Youth Servs. Rev. 7, 7-9 (1990).

[25] *See, e.g.*, Federle & Chesney-Lind, *supra* note 22, at 184-87.

[26] Leroy H. Pelton, For Reasons of Poverty: A Critical Analysis of the Public Child Welfare System in the United States 62-64 (1989), and citations therein.

[27] Although the divorce rate skyrocketed in the past three decades, marriage remained popular. About one-half of female divorcees remarry. Census, *supra* note 11, at 92, table no. 131. Moreover, opinion polls have shown the family to be of sustained central importance to Americans. Mellman, *supra* note 10, at 74-77.

[28] Emergency, *supra* note 4, at 15, and citations therein; McCurdy & Daro, *supra* note 2.

[29] Deborah Daro, Confronting Child Abuse: Research for Effective Program Design 22-23 (1988). The Board does not wish to imply that failure (at least as the system is currently structured) to substantiate more than half of the reports is a good thing. In such cases, the intrusion on the family is almost sure to result in substantial disruption without additional

services or other supports, regardless of whether the original report was valid. (Of course, failure to substantiate suspected child maltreatment does not necessarily mean that it did not occur.) Our point instead is that the relatively constant substantiation rate in the face of skyrocketing frequency of reports of suspected child maltreatment suggests that the increase in number of reports is not the product of reckless or capricious reporting. It is also important to note that many of the families in which reports are not substantiated do have serious problems, even if the decision ultimately is made that there is no ground for coercive intervention.

[30] *See generally* Professional Responsibilities in Protecting Children: A Public Health Approach to Child Sexual Abuse (Ann Maney & Susan Wells eds. 1988).

[31] National Center on Child Abuse and Neglect, Study Findings: Study of the National Incidence and Prevalence of Child Abuse and Neglect xiii (1988). This figure does not include cases that never become known to professional service providers.

[32] Emergency, *supra* note 4, at 15 nn. 2-3 and accompanying text; McCurdy & Daro, *supra* note 2, at 13-16 (noting nearly 1300 deaths of children as a result of maltreatment in 1992).

[33] *Supra* note 2.

[34] It is clear that a substantial proportion of the increase can be accounted for by increased awareness. For example, the "discovery" of sexual abuse led to a huge increase in reports in the mid-1980s. Kelly Weisberg, *The "Discovery" of Sexual Abuse: Experts' Role in Legal Policy Formulation*, 18 U.C. Davis L. Rev. 1 (1984). Nonetheless, when combined with knowledge about factors involved in the causation of child maltreatment, data on the downward trends for family welfare suggest that at least some of the increase reflects real prevalence.

[35] Frequent impulsive behavior, such as putting one's children at risk, tends to be part of a syndrome that generalizes across contexts. *See, e.g.*, D. Wayne Osgood et al., *The Generality of Deviance in Late Adolescence and Early Adulthood*, 53 Am. Sociological Rev. 81 (1988).

The relationship between substance abuse and child maltreatment is illustrative of this general phenomenon. In more than two-fifths of child protection cases in the Boston Juvenile Court in 1985-86, parents had a documented history of substance abuse. Michael S. Jellinek et al., *Serious Child Maltreatment in Massachusetts: The Course of 206 Children Through the Courts*, 16 Child Abuse & Neglect 179, 181 (1992). Only about one-eighth of cases in the CPS caseload were referred to juvenile court. *Id.* at 180. More than one-fourth had used cocaine or heroin; of them, 82% refused court-ordered services, and 91% lost the custody of their children. *Id.* at 181.

[36] *See, e.g.*, Gerald R. Patterson, Coercive Family Process (1982); Gerald T. Hotaling et al., *Intrafamily Violence, and Crime and Violence Outside the Family*, *in* 11 Crime and Violence: A Review of Research: Family Violence 315, 334-43 (Lloyd Ohlin & Michael Tonry eds., 1989).

[37] Beyond Rhetoric, *supra* note 12, at 29.

[38] *See* Emergency, *supra* note 4, 100 nn. 20-22, accompanying text at 19-20, and citations therein. Although the etiological picture is even more complex in sexual abuse than in other forms of child maltreatment, such psychological variables also are important in sexual abuse. *Id.* at 100 nn.21-22.

[39] Leroy H. Pelton, The Role of Material Factors in Child Abuse and Neglect 41-44 (1992) (paper prepared for the U.S. Advisory Board on Child Abuse and Neglect).

[40] *Id.* at 44.

[41] Although the direction of causality is not clear, the proportion of children with disabilities who are maltreated appears to be somewhat higher than among children in general. *See generally* Special Children, Special Risks: The Maltreatment of Children with Disabilities (James Garbarino et al. eds. 1987). For a critical analysis of the relevant epidemiological studies, see Raymond H. Starr & Kathleen Kurtz, Does Childhood Disability Cause Abuse? A Critical Review (Aug. 1991) (paper presented at the meeting of the American Psychological Association, San Francisco).

[42] *See, e.g.*, James Garbarino & Ann Crouter, *Defining the Community Context of Parent-Child Relations: The Correlates of Child Maltreatment*, 49 Child Dev. 604 (1978); James Garbarino & Kathleen Kostelny, *Child Maltreatment as a Community Problem*, 16 Child Abuse & Neglect 455 (1992); Garbarino & Sherman, *supra* note 1.

Research shows that lack of social support is related to punitiveness in low-income parents alone, although social support is related to the level of emotional support given children by parents of all income levels. Patricia A. Hashima & Paul B. Amato, *Poverty, Social Support, and Parental Behavior*, __ Child Dev. ___ (forthcoming). This research thus also suggests the significance of the **combination** of social and economic poverty in the causation of child abuse.

[43] Garbarino & Kostelny, *supra* note 42; *see* Gary B. Melton, *It's Time for Neighborhood Research and Action*, 16 Child Abuse & Neglect 909 (1992).

[44] Owen Gill, Parenting Under Pressure: A Study of Forty Families Living in One Street 99 (1992) (report of Barnados South Wales and South West, Bristol, England).

[45] Social isolation is "one of the dominant presenting problems cutting across all forms of maltreatment." Daro, *supra* note 29, at 56-57. *See, e.g.*, Edward Zigler & Nancy W. Hall, *Physical Child Abuse in America: Past, Present, and Future*, *in* Theory and Research, *supra* note 4, at 38, 61.

[46] Emergency, *supra* note 4, at 80 (emphasis added). No prose from the Board's several reports has been quoted as much as the noted paragraph. It summarizes the Board's view of the crux of the problem in the child protection system--a problem that we believe will not disappear without fundamental change in the system.

[47] *See supra* note 24.

[48] *See, e.g., Child Protective Services: 1992*, Va. Child Protection Newsletter, Spring 1992, at 1 (reporting a survey of CPS workers in Virginia). The majority of caseworkers reported spending more than thirty percent of their time in investigations and related paperwork, and about thirty percent of workers said that they so spent the majority of their time. Moreover, the majority said that they spent more than half of their time in court preparation and case management. In some local offices, the caseloads exceeded one hundred cases per worker. The result of such time allocation is that: *investigation, paperwork, case management, court and making referrals take most of the available hours of the workers' day, leaving very little time for direct treatment or prevention work with the abusive families. Id.* at 4.

[49] Public child welfare administrators often report that most of their non-CPS child welfare budget is consumed by foster care, so that funds for prevention and treatment are scant. Kamerman & Kahn, *The Problems Facing Social Services for Children, Youth, and Families*, *supra* note 24, at 8. Federal funding has followed a similar path. Federal child welfare funding grew by 78.7% from FY 1984 to FY 1993, while Federal support for foster care increased by 486.5%. The Federal foster care expenditure ($2.6 billion in FY 1993) is now nearly nine times that for child welfare services. House Select Comm. on Children, Youth, & Families, Federal Programs Affecting Children and Families, 1992 (1992), at CRS-3, tab. 3.

[50] *See generally* Louis F. Cicchinelli, Symposium on Risk Assessment in Child Protective Services (1991) (reporting the discussions at an NCCAN symposium); Michael S. Wald & Maria Woolverton, *Risk Assessment: The Emperor's New Clothes*, 69 Child Welf. 483 (1990).

[51] *See, e.g., supra* note 48.

[52] *See* Pelton, *supra* note 26, at 118-25.

[53] *See generally* David W. Lloyd, Models for an Effective Child Protection System: Legal Perspectives (Sept. 1990) (paper presented at the Summer Institute on Mental Health Law, Law/Psychology Program, University of Nebraska-Lincoln) (applying a substantive due-process analysis to the legal process in child protection cases).

[54] *See generally* Gary B. Melton & Susan Limber, *Psychologists' Involvement in Cases of Child Maltreatment: The Limits of Role and Expertise*, 44 Am. Psychologist 1225 (1989).

[55] For a history of State and Federal efforts to prevent and treat child abuse and neglect, see Barbara J. Nelson, Making an Issue of Child Abuse and Neglect: Political Agenda Setting for Social Problems (1984); *see also* Pelton, *supra* note 26, at 23-45 (arguing that the policy debate obscured public understanding of the nature of child maltreatment and its relation to poverty).

[56] C. Henry Kempe et al., *The Battered Child Syndrome*, 181 JAMA 17 (1962).

[57] Pub. L. 93-247, 88 Stat. 4, *codified at* 42 U.S.C. §§ 5101-5106.

[58] *See* Emergency, *supra* note 4, at 15 and citations therein.

[59] Such a definition was not planned. Shortly after the Child Abuse Prevention and Treatment Act was signed into law, the lead sponsor of the bill in the Senate stated that one of the principal conclusions of the Subcommittee on Children and Youth was that: *a truly effective child abuse program requires a multi-disciplinary approach. The medical, legal, and social ramifications of child abuse are terribly complex. No social worker, lawyer, or doctor can or should be expected to deal with all of these problems without the cooperation and assistance of various agencies and experts in several disciplines.* Walter Mondale, *Child Abuse: Issues and Answers*, Pub. Welf., Winter 1993 (reprint of article originally published in Spring 1974), at 24, 24.

Noting the influential testimony of Jolly K. (the founder of Parents Anonymous), Senator Mondale and his colleagues concluded that a multifaceted response was needed because "abusers tend to be...people under pressure from other problems. These may be related to alcoholism, drug use, poverty, or marital conflict." *Id.*

Senator Mondale further lamented that state child protection laws existing in 1974--laws providing primarily for mandated reporting and resulting legal action--were not working because "they do not provide for positive programs. The focus is almost entirely on the criminal side--on reporting of cases and prosecution of abusers." *Id.*

[60] In the Board's 1991 report, it noted the manifestation of this perspective at the Federal level, where the existence of NCCAN, a small agency on the social service side of the Department of Health and Human Services, has seemed to result in the underinvolvement or absence of other Federal agencies from major activities in the field of child protection.

The National Child Abuse Coalition, an association of nearly forty organizations in the field of child protection, recently joined the Board in calling upon the new President "to develop a new federal role in protecting children and preventing child abuse." National Child Abuse Coalition, Child Abuse and Neglect: A Challenge to the Nation 6 (Jan. 1993) (briefing paper submitted to the President). The Coalition noted specifically that: *[t]he new Administration must go beyond the current, limited federal effort to address child maltreatment focused on the National Center on Child Abuse and Neglect (NCCAN). For* *almost twenty years, the federal government's attention has concentrated on a restricted approach to the issues of child abuse and neglect, in many ways preventing the development of a major federal attack on the problem....*

*We are at a point now where we must improve upon and go beyond the federal support and leadership possible with NCCAN. To console ourselves with the false sense of security that NCCAN is the final answer interferes with our resolve to mount truly effective measures....*

*The Clinton Administration should investigate the appropriate roles to be played by various federal agencies, in HHS [Health and Human Services] and other departments, reflecting a multidisciplinary responsibility that includes social services, education, public health, mental health, developmental disabilities, substance abuse, community development, law enforcement, and the judiciary, among others, working collaboratively to promote the integration of services and coordination among the state and local agencies they serve. There is too much at stake to ignore such a collective process. Id.* at 5-6.

[61] In its 1990 report, the Board observed: *As reports of child maltreatment began to climb throughout the 1970's and to skyrocket in the 1980's, public officials across the nation missed the opportunity to make fundamental changes in the structure of the child protection system. Instead, the governmental response to increased reporting was and continues to be fragmented, often simplistic, ill-conceived, and crisis oriented. Response to abused and neglected children and their families at all levels of government has too often been symbolic and driven by political expediency.* EMERGENCY, *supra* note 4, at 40.

# III. THE NEW NATIONAL STRATEGY

## A. INTRODUCTION

It is time for a comprehensive new strategy -- for design of a system that comports with ethical norms about the importance of protection of personal integrity and with empirical research about the nature and causes of child maltreatment. A problem that stems in part from broad socioeconomic difficulties, and that has fundamental moral significance, demands a society-wide response. At the same time, a problem that is caused in part by psychosocial factors and that creates personal distress, also requires availability of help for individual children, parents, and families.

Discussion of the strategy proposed by the Board begins with an outline of its general characteristics. This is followed by a detailed elaboration of each of the five elements of the strategy, which are:

---

1. **Strengthening Neighborhoods**
2. **Reorienting the Delivery of Human Services, Including Justice Services**
3. **Improving the Role of Government in Addressing Maltreatment**
4. **Reorienting Societal Values that may Contribute to Child Maltreatment**
5. **Strengthening and Broadening the Knowledge Base about Child Maltreatment**

---

The discussion of each element concludes with a set of recommended steps for implementation. (A complete list of all recommendations appears in the appendix.)

In addition to the material presented here, Section V offers a set of general principles that can be used by policymakers, State and community planners, program administrators, and practitioners to design programs consistent with the strategy proposed here.

## B. CHARACTERISTICS

### 1. Comprehensive

As the Board uses the term, a ***comprehensive*** child protection strategy would:

· integrate the contributions of social service, legal, law enforcement, health, mental health, and education professionals;

· provide for coordinated roles of (a) private child welfare and mental health agencies, (b) civic, religious, self-help, and professional organizations, and (c) individual volunteers;

· assure the protection of children while in each of the relevant service systems;

· provide for coordinated roles of all levels of government, in cooperation with the private sector, and

· ensure that adequate provision is made in the child protection system for prevention, investigation, adjudication, and treatment.

### 2. Neighborhood-based

A ***neighborhood-based*** child protection strategy is one in which:

· primary strategies would be focused at the level of urban and suburban neighborhoods and rural communities;

· social and economic supports for troubled families and children would be developed at the neighborhood level, where neighborhood is defined by geographic boundaries,

· policies and systems would be designed to strengthen the neighborhood itself by encouraging local improvement efforts that make the environment more supportive of families and children, and

36

- both formal and informal services (e.g., self-help programs) that are based on the principle of voluntary help by one citizen for another would be widely available, regardless whether access to such services is determined by place of residence.

In other words, ***neighborhood*** is conceptualized in both geographic and psychological terms.

### 3. Child-centered

A ***child-centered*** child protection strategy would:

- take children seriously, accepting them as individuals with their own identities;

- protect their personal integrity;

- recognize their relationships as important;

- be willing to "walk in their shoes" and appreciate their experiences;

- give primary attention to their best interest, as reflected in their needs and experiences;

- regard their views as important, and provide opportunities and representation as necessary for children to be heard in matters pertaining to them (when children are capable of such expression);

- provide developmentally and culturally appropriate means for them to express themselves, and

- respond flexibly to the diversity of their cultural backgrounds and the circumstances in which they find themselves.

### 4. Family-focused

A ***family-focused*** child protection strategy is one which recognizes the paramount importance of the family for the development of children.[62] Actions consistent with such a strategy aim toward:

- strengthening families in general to minimize the circumstances that may cause or precipitate child abuse and neglect;

- supporting and enhancing family functioning in a manner which increases the competency and self-sufficiency of families;

- providing intensive services to avoid the removal of children from family environments at times of crisis, and

- making all reasonable efforts to reunify families when abuse or neglect has resulted in removal of a child.

In most instances, a ***child-centered*** strategy would imply a ***family-focused*** approach in which relationships important to children are protected. The Board recognizes, however, that there are instances in which children's safety is so compromised in their families that those relationships must be intruded upon or severed.

Acknowledging that such coercive intervention is sometimes necessary, the Board has nonetheless conceptualized a voluntary system of prevention and treatment. It has done so in the belief that a focus on the question of when coercive intervention is justified leads to an overemphasis on investigation.

## C. *ELEMENT 1:* STRENGTHENING NEIGHBORHOODS

*In one afterschool program in a Chicago public housing development that we visited, the children played funeral every day for weeks. They would build a casket with blocks and take turns lying in the casket. The children took on roles of preacher, family members, and mourners. They would weep and cry out for the person who died, saying, "Don't take him!" Who will bring peace to these children?*[63]

### 1. The Relation Between Child Maltreatment and Neighborhood Quality

With the continuing shifts of population from inner cities and many small towns and rural communities, traditional sources of informal help have become increasingly unavailable. Although this decline in neighborliness is part of broader changes in family

37

and community life, it has been hastened by increases in migration rates and the proportion of families living in poverty. Far too many urban, rural, and small-town neighborhoods have been drained. Families faced with a struggle merely to survive not only have few material resources to share, but they also may have exhausted their emotional resources. When people feel that they have minimal control over their lives, they are likely to have little motivation to sustain the community. Fear also can push people away from each other, and the search for a safe haven can deplete the remaining energy of people facing nearly continuous grave challenges. In neighborhoods that provide a dangerous physical environment and that have high rates of crime, parents face an exceptionally difficult task to keep their children safe. Too often they do so virtually alone.

If we are to solve the problem of child maltreatment, it is critically important that we view it from an environmental perspective rather than strictly as an individual phenomenon. Research has made clear that the rate of child maltreatment in a neighborhood is inversely related to its quality of life, as defined by its residents and others in the broader community. Neighborhoods that residents regard as scary, bad places to live have higher rates of child maltreatment than do neighborhoods that residents regard more positively, even when income levels and ethnic composition are similar.[64]

Child maltreatment is part of a constellation of social problems that escalate as a neighborhood deteriorates. For example, rates of violence in the streets and violence in the home are highly correlated.[65] As the National Commission on America's Urban Families recently summarized, "strong families make strong communities," and "strong communities make strong families."[66] The success of families in rearing their children in safety depends not only on their own efforts but also very much on the environment in which they live.

## 2. Environmental Standards

Environmentalists have developed legal procedures and standards to preserve individual species of fish and wildlife. Standards have been established for air and water quality to ensure the survival of those who depend on it. If a river or lake or the air in a metropolitan area fails to meet environmental standards, somebody is required to take action. Government agencies must identify the sources of pollution, prosecute illegal polluters, and develop and implement plans to reduce the pollution. Environmental impact studies are required before any major construction project can go forward, and major projects have been stopped completely because they threatened the environment of a particular species of bird or fish.

The children who live in dangerous neighborhoods are surely no less important to the survival of our civilization than the snail darter fish or spotted owl. The Board believes that it is now time to ensure at least minimally suitable environments for our families and children. Neighborhoods should be rated on their adequacy as environments for rearing children. Neighborhoods in which children are at high risk should receive special attention, just as the discovery of a high level of pollution brings special attention to a body of water.

Although this approach is obviously germane to declining inner-city neighborhoods,[67] it is not limited to them. Consider, for example, the situation that might occur in a small-town trailer park with a high rate of child maltreatment. County planners would survey the trailer park and examine social indicators to identify the conditions that foster so many reports. These might include poverty, high mobility, crowded and dilapidated housing, and absence of a safe play area. Social isolation and disorganization might well be additional factors. Although people in trailer parks live in close proximity, they often have no institutions that pull them together and no structured context for interacting. Typically, there is no organization comparable to an urban block association that encourages people to work together and no place for such a group to meet if it were desired. Many of the parents are young, poor, mobile, and lacking in material and social supports. Their social isolation may be compounded by the lack of a telephone and transportation.

In such a context, the response designed to prevent child maltreatment might include home visits, educational programs, visits by a mobile health team, repairs to substandard housing, and provision of a "community trailer" for meetings and social activities to help family members develop their social skills. The strategy might include paying a local resident to work part-time as an organizer -- perhaps in collaboration with a local civic group, church, or community action agency -- to establish sports teams, play-groups for small children, and clubs for parents, children, and youth. Various activities could be designed to increase parents' practical knowledge about parenting and to develop their informal networks, in order to reduce both isolation and stress and to increase neighbors' watchfulness for each other. The specific interventions to strengthen the trailer park community would be chosen with close consultation and involvement of those who live there, and their implementation would depend on their involvement and support as well.

### 3. Involving Residents

It is important to empower people by giving them the means to define and meet their needs and aspirations as individuals, families, and members of a neighborhood and community. Offering people -- including older children and youth themselves -- respect, involvement, support, and hope can help them to overcome the isolation and depression that can result in child maltreatment.

Neighborhood residents should be participants in, planners of, and, whenever possible, managers of neighborhood services, including activities to strengthen and improve the neighborhood environment. Children and youth need to see their parents and other adults they know actively participating in neighborhood life and the decisions that affect their families. Such an approach builds role models, offers opportunities for direct youth participation, and instills a sense of hope and personal control as well as respect for and connectedness with adults.[68] Those who plan and provide services need to develop ways to draw on the knowledge, insights, and expertise of those who utilize their services. Failing to do so robs consumers of their dignity and prolongs the dependency that services attempt to end.

Hope -- a scarce commodity in many declining neighborhoods -- grows when the people who live there begin to unite to strengthen and improve their community. Such a step may seem an impossible goal in many violent, drug-ridden neighborhoods, but there are many examples in which individuals or groups have managed to make significant improvements through patience, faith, banding together, and persistence.[69] Recognizing and encouraging such efforts is an important means of counteracting depression and despair, qualities that are often associated with child maltreatment and substance abuse.

Reliance on -- or development of -- neighborhood organizations also can address other factors related to child maltreatment. For example, the history of international development teaches the usefulness of pooling the talents of neighborhood residents as a means of economic development and resulting diminution of poverty.[70] In that regard, needs of families in the neighborhood -- e.g., child care; home repair -- can be the foci for development of small businesses owned by and employing neighborhood residents.

Similarly, efforts to prevent child maltreatment frequently seem to ignore the roles of fathers, stepfathers, grandfathers, and other men in the safe and healthy development of children.[71] Concrete programs to foster the skills and participation of adult and adolescent males to enhance the welfare of their neighborhood and their own families can serve multiple purposes in that regard -- strengthening the social structure and economic well-being of the neighborhood and the families within it, while increasing or sustaining the involvement and responsibility of fathers.[72] Such an emphasis assumes particular significance when it is recognized that much of the increase in poverty among children has come as a result of fathers' absence and failure to assume support for their children.[73]

### 4. Strengthening Neighborhood Institutions

A neighborhood's institutions help to determine its viability for children and families. It is important to learn about the institutions and traditions that bring people together, because these make up the medium in which people develop basic social and leadership skills. Churches, mosques, synagogues, clubs, unions, civic associations, and athletic leagues have typically fulfilled these functions. Where no such institutions exist, this lack can contribute to isolation, inadequacy, and fear of involvement with others -- factors related to child maltreatment. When people have no opportunity to function in groups in their own community, they may find group situations elsewhere uncomfortable and intimidating.[74] Under these conditions, it can be very difficult for parents to develop and maintain the kind of support network that researchers and practitioners believe is necessary to rear children successfully.

Neighborhood-based organizations can work to improve the quality of neighborhoods in both physical and psychological terms. Such outcomes have been accomplished by family resource centers, settlement houses (which place great emphasis on forming clubs), cultural centers, social clubs, and even community action agencies and Head Start programs. For children, 4-H clubs, Scouting, and neighborhood service clubs can meet the same needs, but gangs may arise where they fail to do so. The most impressive and perhaps most important efforts in prevention of child maltreatment have been those that link families not just with agencies but with other families, so that they can build their own support networks.

A key to increasing families' connections to each other may be accommodation to the demographic changes that have occurred in many neighborhoods in which social and economic trends have been negative. The average age of the population continues to rise; that trend is especially pronounced in economically declining communities.[75] As the birth rate in the population as a whole has dropped, relatively affluent and educated young adults have migrated to suburbs from inner-city, rural, and small-town communities. Accordingly, young parents in declining neighborhoods have become increasingly unlikely to have peers who have sufficient resources to be available for mutual advice and support -- a trend that exacerbates the broader social changes diminishing social and material supports available for families. This is true even in low income neighborhoods with large numbers of very young single parents.

**Given this trend, special efforts need to be made to ensure that connections are made among those young parents who remain. Programs focused at developmental transitions are made to order in that regard. For example, infant home visitation programs could serve as a base for organizing parents of children of the same age in clubs, groups, or activities in which they form a "natural" support network. So could school-based family resource centers.**

**At the same time, inter-generational programs (building, for example, from Foster Grandparents programs) may offer means of engaging older adults so that they are available as sources of support -- including informal education about childrearing -- for young parents and their children. Such programs could be a feature of neighborhood family resource centers, whatever their specific auspice.[76]**

### 5. Economic Opportunity and Development from Within

By itself, construction of a social network in a high-risk neighborhood may not be enough to prevent child abuse and neglect. Numerous scholars, including some of those whose policy analyses were commissioned by the Board,[77] have noted the relationship among child maltreatment, poverty, and unemployment, especially in communities with chronically high levels of unemployment. Others have linked maltreatment to substance abuse, teen parenthood, and other self-destructive behavior. It is becoming apparent that many teens are growing up in some neighborhoods with little hope of being able to provide for a family. In such circumstances, too many fathers find little incentive to become husbands or to prepare adequately for the future. It is easier and may even seem more logical to take one's pleasures now -- through indiscriminate sex or abuse of alcohol and other drugs. Under these conditions, it is very difficult to form stable families, and maltreatment is only one of a number of negative outcomes for children. In economically depressed areas, economic development is critically important in the prevention of child maltreatment.

It is important to mobilize resources and energy at every level to provide opportunity and hope in disadvantaged communities. Every jurisdiction should assess its neighborhoods and work with economic developers and business leaders to design local development strategies. Jobs are needed not only for income but also to provide successful role models for the young. Most of all, they are needed to provide the foundation for the hope and sense of personal control needed for formation of healthy families.

High unemployment has become a seemingly intractable problem in many poor communities, both urban and rural. In the past, local leaders and economic planners have attempted to attract outside industries that would supply many jobs and bring in outside investment, but this approach seems less and less realistic for most communities. Any corporation wishing to establish a new plant has many options (often including options abroad) and probably will not look favorably at a declining community. A more realistic strategy is to encourage the development of small businesses as that is where the growth is. Furthermore, small businesses can more easily be developed by local residents. For young people who are unlikely ever to hold the factory jobs their fathers or mothers did, the possibility of a small business and the independence of self-employment may provide hope that is now lacking. Small businesses can begin as home businesses -- in which a service or product is produced or offered directly from one's home. This takes very little capital. but can be a prelude to more intensive economic activity later. Apprenticeship or mentor relationships can help make such a future achievable.

Economic development should empower those who live in the community and have at least potential ability, although they may lack opportunity and knowledge. Focusing on economic development within the community will make it more likely that jobs and profits remain there -- something that often does not happen when development involves bringing in chain stores or plants whose top management is located elsewhere. Locally owned credit unions, farmers market and other community cooperative ventures provide an alternative that keeps capital in the community, builds local management expertise and may attract outside dollars as well, through tourism and supplier contracts.

In fact, economic development in depressed areas may require a conscious strategy by residents to use their own funds to strengthen their communities. In an inner-city neighborhood in Washington, D.C., residents have placed their funds in the Consumers United Group, Inc., a locally owned credit union that invests in local housing, rather than outside-owned banks that invest their profits elsewhere. The result is locally controlled and improved housing as well as better financial services. In Custer County, a jeopardized rural area in the Nebraska Sandhills, residents of neighboring towns have banded together to patronize each other's businesses rather than cheaper shopping malls in the nearest city. As a result, there is more economic and social opportunity in their community than if individuals continued to think only of their own financial interest.[78]

### 6. Housing as a Critical Factor

Besides the overall economic status of a neighborhood, its physical infrastructure also may relate to risk of child maltreatment. Relative to other families receiving Aid to Families with Dependent Children, families in which maltreatment (especially neglect) occurs are more likely to live in overcrowded, dilapidated, and underfurnished housing.[79] Such an association is strongest for the families in which the most serious maltreatment occurs.[80] It is an association that probably has grown in significance as housing affordable by young families has become less available.[81]

Several factors appear to account for this link between inadequate housing and child maltreatment.[82] ***First*, parents who lack adequate housing -- or *any* housing -- face an unusually difficult task to keep their children safe, because the hazards of everyday life become more frequent and more serious.** Nearly twelve million children under age seven live in homes with lead paint; three to four million have unsafe levels of lead in their blood.[83] Even more fundamentally, homelessness is a major factor in rates of child neglect and foster placement.[84]

***Second*, poor housing itself is a stressor that may make coping with the demands that children pose more difficult.** Notably, when homes are overcrowded, conflicts may escalate faster, because physical confrontation may be inevitable.

*Third,* housing costs account for a sufficiently large proportion of household budgets, especially for families in poverty, that **housing policy may have a direct effect on the level of poverty that disadvantaged families experience** and, therefore, the prevalence of child maltreatment.[85]

*Fourth,* housing is a major marker of social status and community integration. **People living in dilapidated housing may be especially prone to regard themselves as unworthy. High levels of absentee ownership and building vacancies may be important factors in residents' feelings of loss of control and their unwillingness to invest their energy in caring for their neighborhood and the children within it.**

Conversely, home ownership may give residents a sense of control and a stake in their neighborhood. In that regard, it is interesting to note that home repair classes were principal attractions of the historic neighborhood settlement houses.[86] Such classes provided opportunities for development of personal competence in the service of students' own families as well as the neighborhood as a whole.

Also, in neighborhoods where residents commonly do not have strong local family and social ties, people who join neighborhood improvement associations tend to be home owners.[87] Accordingly, subsidization of home ownership may help to stem the tide of neighborhood decline, in regard to the development of social ties and an economic base.

*Fifth,* regardless of the particular state of repair of the homes in a neighborhood, **housing patterns can promote or inhibit interaction and watchfulness among neighbors.** Accordingly, housing designed in a manner that impedes such interaction may increase social isolation and foster zones of violence.[88]

In short, inadequate housing can result both directly and indirectly in increased risk of child maltreatment. Conversely, careful behavioral design and government housing subsidies may increase both the physical and the social safety of neighborhoods and, therefore, may diminish the risk of child maltreatment.

Low population density is one reason that potential elements of broad child protection programs may be absent in some neighborhoods. Another reason is that some neighborhoods have become sufficiently impoverished, both economically and socially, that few resources of any kind are available. In such neighborhoods, not only is there no major industry, but there also may be no Rotary Club or Kiwanis Club and indeed no grocery stores, banks, and other basic amenities. The neighborhood may lack grassroots organizations of any sort, and individual neighbors also may feel drained of both emotional and economic resources that might be shared.

The potential difficulties are obvious. The Milton S. Eisenhower Foundation project for community policing, for example, showed the difficulty of effective community action in declining neighborhoods. Requests for technical assistance (especially from organizations that employed economic-development strategies) were more frequent and persistent than the Foundation had expected, even though a significant proportion of the program budget (20%) was allotted for such a purpose.[89] Development of neighborhood organizations also sometimes was impeded by involvement of residents who were viewed by their neighbors as part of the problem (e.g., suspected drug dealers).

The unfortunate irony of this situation is that the neighborhoods in most need may have the most difficulty in implementing a neighborhood-based child protection system. The Board believes that this problem usually is tractable, but that the reversal of negative social momentum requires diligent efforts to inject resources and to facilitate the development of neighborhood leadership. The private sector can help in that regard through economic development strategies, for example, but Federal and State Governments ultimately should reduce the disparity between neighborhoods with many resources and those with few, through need-based funding formulae and direct assistance to neighborhoods at high risk. The safety of children should not be a function of geography; children in declining neighborhoods are just as entitled to protection as are their peers in neighborhoods with more resources.

Ultimately, each neighborhood will require assessment to determine the impediments to helpfulness by neighbors for one another. Similarly, each neighborhood should examine the resources within it -- for example, competencies that could be used for economic development and sites that could be used for child care. Perhaps most important, each neighborhood must gather together to express its determination to ensure the safety of the children within it.

Although this discussion has focused on low-income and drained neighborhoods where problems leading to child maltreatment are likely to be especially serious, the environmental focus should not be limited to them. People of low income are not the only ones challenged by the complexity of family life today. Leaders and concerned citizens throughout the Nation should consider what can be done to make their neighborhoods places where it is easy for families to ensure the safety of their children.

## 7. Recommendations

### Recommendation 1

*The Federal Government and private foundations should establish a large-scale demonstration program of* ***Prevention Zones*** *-- comprehensive efforts to improve the social and physical environments in declining neighborhoods with high rates of child maltreatment. These model neighborhoods should be diverse in geography, population density, and ethnicity. The trials should be closely monitored and rigorously evaluated. Principles learned should be widely disseminated and, with such modifications as suggested by evaluation studies, should lead to a large-scale national effort within five years.*[90]

### Recommendation 2

*With provision of research, consultation, training and technical assistance by the Departments of Agriculture and Housing and Urban Development and other relevant Federal agencies, City and County planners should work with interagency councils and neighborhood grassroots organizations to develop a Neighborhood Child Protection Plan for every neighborhood in their jurisdiction. To that end:*

- *Planners should work closely with civic, business, labor, and religious leaders, and most importantly, neighborhood residents themselves and their leaders.*

- *Planners should consider public safety, municipal services, housing, economic opportunities, health care, family planning, education, and social and recreational opportunities for children and families.*

- *Particular attention should be given to providing constructive opportunities for youth to network with each other, with positive adult role models, and to find positive roles for themselves in their community.*

- *Care should be taken to ensure representation of all segments of the neighborhood (including diverse ethnic groups) and to facilitate the involvement of mothers, fathers, grandparents, and children and youth themselves.*

- *Where child abuse coordinating and prevention councils are not present, planners should assist in their establishment and support.*

### Recommendation 3

*Congress and the Administration should ensure that recipients of Community Development Block Grants use at least a portion of these funds in ways that will strengthen families as a means of preventing child abuse and neglect. Setting aside a small percentage of such funds to plan and implement neighborhood-based strategies for strengthening families and preventing child maltreatment would accomplish this, particularly if the appropriation for the Block Grant program is increased by a commensurate amount. Analogous programs for development and implementation of neighborhood plans for protection of children should be instituted in Federal economic development programs (e.g., the Appalachian Regional Commission) and other programs (e.g., the Bureau of Indian Affairs; the Cooperative Extension Service; and the Office of Rural Health Policy) that serve Tribes or rural communities.*

### Recommendation 4

*Support should be provided for family resource centers and similar organizations that respond to the social, cultural, and economic needs of children and families at the neighborhood level. Federal support should be provided through full funding of the title on family resource centers in the Claude Pepper Young Americans Act. State legislatures, foundations, private businesses, and civic, philanthropic, and religious organizations should offer support, too. Whenever feasible, State and local agencies should integrate their existing services into such centers, which should involve active partnerships with parents. The first priority should be to support centers that knit people together in neighborhoods with few or declining community institutions.*

### Recommendation 5

*The Department of Housing and Urban Development, analogous State, regional, and local agencies, and philanthropic organizations should support housing programs that increase neighborhood stability by reducing the necessity for frequent moves and facilitating interaction among families (including adults' involvement with children in their neighbors' families), providing safe physical environments for children, and enhancing ownership and personal investment in the neighborhood.*

### Recommendation 6

*Large businesses and civic and religious organizations should "adopt" a particular high-risk neighborhood that they make a commitment to strengthen. This commitment must be fulfilled in collaboration with neighborhood residents in ways that empower rather than patronize. Implementation of the commitment might involve providing financial, human, or other resources directly to assist isolated children and families, promoting economic and other forms of development. It also might include mobilizing volunteers from the company's employees or the organization's members, promoting economic and other forms of development, and support and technical assistance to neighborhood leaders and institutions.*

## D. *ELEMENT 2:* REORIENTING THE DELIVERY OF HUMAN SERVICES INCLUDING JUSTICE SERVICES

### 1. Making Treatment for Maltreated Children a Priority

Much of this report focuses on the steps that can be taken to prevent harm to children. However this emphasis on prevention should not cause us to lose sight of the need for effective treatment to prevent further harm after abuse or neglect has actually occurred.

In a paper commissioned by the Board, David Wolfe summarized the current state of practice in the field of treatment related to child abuse and neglect:

> *Although intervention models have greatly improved and have contributed to encouraging gains in treatment outcomes, the field remains split between promising research findings, on the one hand, and the realities of child protection and welfare, on the other hand....To assess any gains made over the past two decades in treatment outcome, it is necessary to separate what is truly "treatment" from what is actually delivered to identified families in practice....*[91]

The shift in the state of the art, if not necessarily the state of typical practice, has been away from a "bad-parent," pathology-based model to "a more encompassing ecological model, with an evolving emphasis on the importance of the parent-child relationship and its context."[92] The result of this shift in the conceptualization of the problem -- a shift stimulated by increasing knowledge about the factors causing or precipitating maltreatment -- has been to place "greater emphasis on the importance of promoting parental competence and reducing the burden on families....The focus of intervention can be shifted away from identifying misdeeds of the parent and more toward promoting an optimal balance between the needs of the child and the abilities of the parent."[93]

Too often, though, as we have noted, "treatment" is limited to investigation and foster care or packaged interventions that do not correspond to the multiple needs of the family and that, curiously, omit the child.[94] At the same time, those services that are available typically are not available soon enough. In many places, entry into CPS has become, in practice, a strange eligibility requirement for those child welfare services that are available.[95]

A major challenge to the field is to develop an array of treatment services in each community so that those families in which child maltreatment occurs can receive treatment suitable for their needs and abilities. Typically, the services that are offered, or imposed are based on the availability of services rather than the needs and desires of the consumer. In the commercial world, no company could survive if it followed such a policy. Human service agencies are able to do so in part because their customers often do not pay for their services or choose them voluntarily. Even when they do pay for them, their choices are limited by the reimbursement policies of third-party payers.

Perhaps the most unfortunate fact about the child protection system as it currently exists is that it typically does little to ameliorate the harm that maltreatment is likely to have caused, even when the State takes custody or otherwise intervenes in the life of a child found to be maltreated.[96] Typically little is done to prevent longer-term effects that may occur if the child is not provided treatment or to mitigate the harm that results from State intervention itself.[97] Not only is treatment seldom provided, but there also has been far too little attention even to how treatment might best be delivered.

Wolfe's comprehensive review showed the scant scientific foundation for design of treatment programs for maltreated children:

> ***All program models that addressed the child's needs, and which presented adequate outcome data, were predominantly preschool-based.*** *The preliminary results of these programs designed to treat the victims of abuse and neglect seem favorable in meeting some of their intervention needs. Across studies, participants showed improvement in social behavior, cognitive development, self concept, and reduction in aggressive and coercive behaviors.* ***No mention has been made of the applicability of these intervention strategies to older children and adolescents, however, and the information is sketchy at best regarding effectiveness with different forms of maltreatment.*** *Even though these child-focused treatment programs have incorporated parent treatment components, no information was provided as to the effectiveness of these programs in meeting the needs of the parents involved. Similarly, no mention is made of the contribution of these approaches to the improvement of family resources and well-being. Thus, at present, child-centered intervention programs have provided only limited indications of their usefulness.* ***The potential of these methods, however, merits further investigation because services for child victims have important implications both for the development of the children involved as well as for interrupting the inter-generational transmission of child maltreatment.***[98]

There can be no doubt about the need for major initiatives:

- to increase knowledge about treatment of abused and neglected children,

- to diffuse knowledge among clinicians and agency administrators when it becomes available,

- to expand the capacity of the mental health system to serve abused and neglected children, and

- to integrate such services into a system of support for maltreated children in their homes (including foster and adoptive homes), schools, and other neighborhood institutions (e.g., Head Start centers; child care programs; recreation centers; churches and synagogues).

### 2. Providing Material Supports

Early child protection programs responded to child maltreatment as primarily an intrapsychic problem, in its causation as well as its effects. In practice, especially when budgets are tight, CPS agencies (typically and ironically without the assistance of mental health centers) often still act as if such a view were valid, by emphasizing psychologically oriented programs to change parent behavior.

Although psychological issues certainly should not be ignored, they also should not be the exclusive focus of prevention and treatment programs related to child maltreatment. We have already noted the relationship between poverty and child maltreatment. Many poor parents protect their children admirably, even in the most dangerous and the most drained neighborhoods. As Leroy Pelton has argued, however, the reality remains that being poor makes the job of childrearing much harder:

> *[T]he conditions of poverty, such as health and safety hazards in the home and neighborhood, may cause direct danger to children, and the parents may be blamed for not sufficiently guarding their children from such conditions. Here, our system sets up a double standard, in that we implicitly ask impoverished parents to be more diligent in their supervisory responsibility than middle-class parents, because greater protection is required to guard children from the dangerous conditions of poverty than from the relatively safer conditions of middle-class homes and neighborhoods. Yet the system offers the parents few resources to aid in such protection. Moreover, although many children are at risk of harm due to deprivation of such necessities as proper nourishment, the system we have developed promotes a tendency to resolve the question of responsibility for such deprivation in terms of parental fault, and this "verdict" leads to individual treatment to try to change parents' behavior, rather than to provision of needed resources. It can also lead to foster care placement. In addition, even catastrophes befalling the family as a whole, such as homelessness, can be reinterpreted as child neglect, sometimes ironically based on observation of psychological debilitation, such as depression, that such circumstances may generate. It is fruitless, of course, and an extreme form of "blaming the victim" to treat homeless parents as perpetrators of child neglect.*[99]

Because of the need to cope with what sometimes seem to be overwhelming odds, poverty threatens family stability. Poverty also reduces the social resources available (not just the material ones), because social isolation is more probable when, for example, families lack a telephone.[100]

At root, as we discussed in Section C(5), the answer to this problem is probably one of economic development. If the residents of an impoverished neighborhood are to rise above poverty, economic opportunities usually must increase.

In the meantime, though, it must be recognized that there are variations in degree of poverty and in skills of coping with poverty and that family resources usually must increase if serious problems are to be alleviated. Not only should economic development occur at the neighborhood level, but material supports also should be available to the particular families at highest risk of maltreatment. Even intensive social services have little sustained effect if attention is not given to families' basic needs for income support, housing, food, clothing, jobs, and job training.

In that regard, it is important to recognize that effective service design is not an "either-or" situation (i.e., either traditional social services or material supports). Indeed, effectiveness may depend almost as much on **how** support is provided as on **what** is provided.

Concrete services can serve as avenues for counseling, education, and linkage with neighborhood and volunteer advocates; the Women, Infants, and Children (WIC) nutrition program is an excellent example. Economic support programs can be designed to ensure that vocational counseling, job training, and job-search counseling are included.

On the other hand, social services can include access to concrete services that enable clients to make use of the skills and insights that they acquire and the relationships that they establish. For example, home visitors in Hawaii's model program of support for young families have a primary mission of education, support, and monitoring, but they always bring gifts (e.g., baby clothes), many of which have been donated by local businesses, and they offer a toy lending library.

### 3. Strengthening the Delivery of Family Preservation Services

Historically, social service agencies have been at the center of child protection efforts, and CPS has been at the center of such efforts within social service agencies. By history, social service agencies should be especially well suited to integrate counseling and "hard," economically oriented services. As we emphasized in Section II(D), however, public child welfare agencies' work too often has been dominated by investigation, and dispositional plans too often have involved a choice between nothing and foster care.

Professionals in the child welfare field are nearly unanimous in their conviction that the array of services available for prevention and treatment of child abuse and neglect must increase. The American Public Welfare Association and the National Commission on Children have adopted nearly identical recommendations for a three-tier service system:

· **Promoting child development and healthy family function** through locally controlled and coordinated, community-based family support networks that offer access and referrals to a broad range of services, including health and mental health care, education, recreation, housing, parenting education and support, employment and training, and substance abuse prevention and treatment....

· **Assisting families and children in need** in order to strengthen and preserve families that voluntarily seek help before their problems become acute. Human service programs, including health and mental health, juvenile services, substance abuse programs, education, and economic and social supports, must collaborate to provide prevention and early intervention services that offer practical solutions to problems faced by families in crisis....

· **Protecting abused and neglected children** through more comprehensive child protective services, with a strong emphasis on efforts to keep children with their families or to provide permanent placement for those removed from their homes.[101]

The Board welcomes the general thrust of the APWA/National Commission approach to child welfare reform: emphases on expansion of the service system (especially in regard to prevention and early intervention), implementation of more intensive services for families in the "deep end" of the continuum of services, and alteration of funding streams to accommodate such reformed priorities.[102] We also acknowledge the critical role that child welfare agencies can play in the development, integration, and implementation of prevention and treatment for maltreated children and their families in general and for particular children and families. In that regard, the Board renews its general support for child welfare reform legislation designed to implement the wider availability of services under the auspices of the child welfare system, as recommended by APWA. The Board further urges states to utilize newly authorized federal funds for Family Support and Family Preservation Services to support neighborhood based service development consistent with the principles and recommendations set forth in this report.

### 4. Developing New Models of Foster Care

The child-protection-related crisis in child welfare agencies is not limited to CPS. Amid the national emergency in child protection, perhaps no element of the child protection system is in more trouble than the foster care system, which seems to be on a collision course with itself. The number of foster children is steadily and dramatically increasing (from about 245,000 in 1985 to approximately 429,000 in 1991), while the number of foster homes is dwindling (from about 137,000 to 100,000 in the same period), as State social service agencies struggle just to replace the 30,000 foster families who leave the system each year.[103] At the same time, the problems that foster children bring to their new homes are more serious and complex, and they often remain in the system for long periods of time and in a series of homes.[104]

The difficulty of the task of foster care reform is indicated by the fact that the problem is not necessarily one of insufficient funding, at least in the aggregate. Federal expenditures for foster care have risen at a substantially faster rate than the number of children in foster care,[105] even as payments to foster parents remain well under their actual expenses in many instances.[106] Moreover, the complexity of the economic context for foster care and for the child protection system as a whole is further illustrated by the fact that reimbursement for foster parents -- regarded by almost everyone as inadequate -- usually at least equals and often exceeds allotments for AFDC (aid to families with dependent children).[107]

The foster care crisis is the product of several problems deeply embedded in the foster care system per se and the child protection system more broadly. First, the foster care system, perhaps even more than other parts of the child protection system, is drowning in the explosive growth of identified cases of child maltreatment.

Second, foster care also reflects the child protection system as a whole in its definition as a component of the social service system, with relatively little support from other elements of the child protection system. Foster families sometimes have lacked the resources available from the State for biological families, and foster children themselves often do not receive services necessary to alleviate the effects of abuse and neglect and of separation from their biological families. Specialized services for foster children within mental health and education are rare.

Third, just as child maltreatment cases often are the foci of investigation with minimal provision of child welfare services, foster care often has been isolated and neglected even within the child welfare system. An officer of the National Foster Parents Association (NFPA) who spoke before the Board lamented the "attitude of many, at the federal, state and local level[s], who regard foster care as little more than a necessary evil and foster parents as little more than glorified baby sitters and money hungry individuals."[108] Consistent with that view, surveys by NFPA and others have shown that the greatest needs of foster parents are (1) respect from agency staff, (2) respite care, and (3) increased reimbursement.[109] Although the reimbursement problem is serious,[110] the most powerful factor in the poor retention rate is the perceived lack of emotional and training support for foster parents.[111]

Fourth, these attitudinal problems and limited supports reflect considerable confusion about the purpose of foster care, just as child protection policy in general has been poorly developed. The National Commission on Family Foster Care, a collaborative effort of NFPA and the Child Welfare League of America, noted that the progression from the nineteenth-century model of foster care as a permanent home for orphaned and abandoned children to the current reality of foster care as a social service for troubled, maltreated children has occurred without establishment of a clear goal for family foster care:

Is it a service to children and youth? Is it a service to children, youth, and their families? Is it part of child protective services? Is family foster care a family preservation service -- the last resource offered prior to termination of parental rights? How does family foster care relate to adoption services? Is it a time-limited or a lifelong service?[112]

The National Commission report itself illustrates the problem. Although the report is, overall, an excellent blueprint for reform of the foster care system, the Commission dealt with the problem of the system's mission simply by saying that the role of foster parents ought to be defined -- without saying what that definition should be.[113]

Fifth, the lack of planning has resulted in a system that has failed to adapt to extraordinary change in the de facto purposes of foster care and the social and legal contexts in which it is provided -- just as the child protection system in general has been slow to respond to the rapid change in not only the number but the complexity of the cases in the system. As the National Commission on Family Foster Care observed, the foster care system is built on century-old premises that no longer are valid:

· that children needing care are primarily dependent and neglected and can be helped through love alone;

· that there are sufficient numbers of families with wage-earning fathers and at-home mothers willing and able to donate their time and money to "fix" these children by the age of 18; and

- that caseworkers have the time and skill to supervise foster home placements.

We can't serve twentieth century children and youth with nineteenth century assumptions. It is not surprising that there is a "crisis" in family foster care.[114]

Sixth, as with the child protection system as a whole, the foster care system has suffered from misdirection of funds. To avoid the continuing decline in quality of care simply because of the growing ratio of foster children to foster parents, investment needs to occur at the front end. Families in crisis often can be preserved if intensive services are delivered.

Seventh, like the child protection system as a whole, the foster care system has grown with little attention to the experiences of children within it. Too often, ***permanence*** for foster children has been perceived as a dichotomy: reunification or adoption. That conceptualization ignores the reality of children's relationships, in which most foster children "care deeply about their [biological] parents"[115] and extended family, siblings, and foster families also usually are important. Too often also, children's own voice simply is not heard, because of failure to ask children about their experiences, a lack of effective and continuing representation, or both.

As with the national emergency in the child protection system as a whole, the foster care crisis calls for both immediate and long-term responses. Immediately, in order to recruit and retain foster parents who will provide appropriate care for abused and neglected children whose homes of origin are too dangerous for them to remain, a new commitment is needed to treat foster parents with the respect that they deserve. That commitment should be reflected in professionalization of family foster care:

- adoption of performance standards and other means of quality assurance;[116]

- provision of appropriate training and consultation for foster parents;

- implementation of public relations campaigns to improve the image of foster care and to show appreciation of outstanding foster parents;

- provision of respite care and day care for foster families;

- provision of 24-hour emergency mental health, medical, and legal services for foster families, as well as ongoing supportive services;

- increase in the compensation to foster parents to reflect their actual expenses and investment of time and expertise;

- support for foster parent associations and peer consultation;

- joint training of foster parents and agency staff in their separate and joint responsibilities.

Establishment of professional norms and collegial respect for foster parents -- the approach recommended by the National Commission on Family Foster Care -- is likely to go far toward recruitment and retention of adequate numbers of qualified foster parents. So too will provision of sufficient support, including appropriate training, for care of children with complex and often frustrating problems. So too will development of a network of services, including intensive crisis services, that will reduce the number of children entering foster care, so that foster parents are not faced with an unrealistically difficult or even impossible task of caring for a large family of troubled children and youth and so that children's relationships are not disrupted unnecessarily.

For the long term, though, such reforms -- although important -- are not enough. Foster care needs to be conceptualized and planned as part of a constellation of neighborhood-based supports for children and families. Such an approach makes sense not only because of the need to integrate foster care into the child protection system as a whole but also because of the practical reality that changes in family structure and job opportunities for women are likely to continue to constrict the pool of individuals available for 24-hour foster care.

Within such a reconceptualization, foster care might be considered as an analogue to the practice in some cultures of extended family members or neighbors caring for children when families reach a point of crisis.[117] Accordingly, experimentation is needed with partial or "open" foster care in which children may go to a second home during after-school hours but still live with their biological families. Similarly, children might be in 24-hour foster care only when their families are under unusual stress, but they and their parents might have ongoing involvement with foster families in the interim. Such blending of biological and foster families may provide sufficient support to ensure children's safety without total separation of children from their biological families. It also may enable partnerships in which foster parents serve as teachers, monitors, listeners, and practical aides for their foster children's biological parents.

Experimentation is also needed with models of foster care that involve 24-hour care but that preserve relationships within foster children's families of origin whenever such an approach can be undertaken safely. Examples would be whole-family foster care[118] and incentives for care of all siblings in a family. In that regard, research is needed on kinship care (foster care by relatives), an option that is becoming increasingly available,[119] to determine the circumstances under which it results in appropriate care and sustained relationships and to identify special assessments and supports that may be needed to determine its applicability. In addition, child welfare agency policies related to kinship care should be clarified through appropriate changes to statutes and regulations.

### 5. Creating New Roles for the Justice System

#### a. Building Neighborhood Responsibility

Although even most substantiated cases of child maltreatment never reach the courts in most States,[120] the legal system looms large in the child protection system as it is currently structured. For example, to link to the preceding section, courts serve as gatekeepers for foster care. Through Federally mandated post-placement reviews, courts also potentially serve as monitors of foster care.

More to the general point, the real or perceived demands of the legal system dominate professionals' behavior in deciding even the intensity of services offered to particular children and their families. CPS caseworkers and law enforcement officers exert much of their effort for the protection of children in the gathering of evidence and preparation for court. Increasingly, this function is also being performed by professionals (e.g., mental health clinicians) who formerly had relatively unambiguous roles as helpers.

When coercive action (whether civil, criminal, or both) is contemplated, then it is undeniably important to assure careful collection and preservation of evidence (like other elements of due process). Those functions will continue to be of importance in any child protection system. Some homes are so unsafe that children can be protected only through exercise of government authority, and the behavior of some adults who abuse or neglect children is so outrageous that the community understandably wishes to express its outrage through criminal punishment.

Nonetheless, the question remains how the justice system can play a more effective role in a new neighborhood-based child protection system. The justice system may play a particularly important part in promoting neighborhood responsibility for the safety of children. For example, courts can apply the authority that they already have to ensure that children's interests are fully considered and that the accountability of the local child protection system is assured. Courts can be leaders in protecting the interests of groups that are vulnerable or disempowered; surely abused and neglected children are among them.

The use of law to promote neighborhood responsibility can occur in other, less traditional ways than formal judicial intervention. In that regard, some other countries have developed decisionmaking procedures that are intended to foster neighborhood and family involvement in the protection of individual children who have been abused or neglected. For example, in 1989 New Zealand replaced its judicial dispositional hearings in child protection cases with family group conferences.[121] The conferences, which integrate Western legal norms with traditional Maori procedures for dispute resolution, involve the entire "family group," including not only the nuclear family but also extended family and others, such as coaches, friends, and human service professionals who are important to the family. With the assistance of a care and protection coordinator, who convenes the meeting, a consensual plan is reached in nearly all cases, even when out-of-home placement (often with an extended family member) is the result. More than two-thirds of the plans provide for social casework or mental health services, and three-fourths provide for financial assistance. The family group has responsibility for implementing the plan with the supervision and aid of the care and protection coordinator.

A somewhat older innovation (begun in 1968) occurred in Scotland, which replaced its juvenile court with a hearings system, in which dispositional and post-dispositional decisions are made by a panel of volunteers (of whom there are 1,800 in a country of five million people).[122] Although there has been no evaluation of the system using social science methods, the system's proponents believe that the dispositions are better accepted than in traditional adversary proceedings because the parties had a hand in shaping them. They also believe that the development of a cadre of volunteers chosen in part because of their representation of the community fosters understanding and caring in the community as a whole. That involvement also contributes to the parties' acceptance of the hearing panel's judgments.

These models have arisen in countries with a legal and political heritage similar to that in the United States. There may be room for their adoption, at least with the agreement of the parties, in some communities as alternatives to formal legal proceedings in cases in which there is consensus that there is a problem that needs to be corrected. In fact, "talking circles" used by some Native American Tribes to involve extended family members in resolving difficult family problems are similar in some respects to the Native New Zealand Maori approach which has been incorporated into the New Zealand legal system. In any event, the experience in New Zealand and Scotland suggests that alternative means of dispute resolution may foster greater family and neighborhood responsibility for the safety of children.

Even if such substantial reforms do not occur, there is a need for experimentation with structures and procedures to facilitate dispute resolution and dispositional planning in the cases in which the risk of harm to children is not so serious that formal court involvement is warranted or, if the court is involved, that progress is "stuck" because of disagreements between caseworkers and parents or other parties involved. Mediation shows promise in providing a means by which parents can "own" the resulting plans and feel less alienated from those who wish to help them.[123] When part of neighborhood programs, such programs also may decrease families' isolation and increase the likelihood of culturally appropriate plans that make use of natural helpers.

Virtually all commentators disapprove of alternative forms of dispute resolution in child protection cases in which there is clear risk of serious harm to children. However, that principle still leaves **a large proportion of cases** in which an alternative to traditional coercive court-based approaches may be appropriate. In particular, creative structures and procedures may be especially useful in stimulating parent participation and neighborhood involvement in development of workable plans in many of the cases of multi-problem families in which child neglect (such as failure of adequate parental supervision) is suspected or substantiated. Such an approach is consistent with the Board's preference for easily accessible voluntary help whenever possible.

### b. Expanding the Role of Law Enforcement

Although they are especially central, courts are not the only justice-system entities of concern in development of a national strategy for the protection of children. Law enforcement agencies have obvious roles in investigation of cases of child maltreatment (at least when criminal charges are contemplated), assurance of safety of children in emergency situations, and apprehension of defendants accused of criminal child abuse. Consistent, though, with trends in the field of law enforcement, police officers and sheriffs may have much broader roles to play in the development of neighbors' support for each other and their watchfulness for children in the neighborhood. On their beats, law enforcement officers are in a position to become allies of children and families, to observe when something is amiss, and to enlist neighborhood resources in such instances. Law enforcement can work with housing and social services agencies and community organizations to assist residents to "take back their neighborhoods" and to build safe environments conducive to family welfare.

In that regard, virtually all over the developed world, leaders in law enforcement have been drawn in recent years to the concept of ***community policing***.[124] Some of the most successful programs have relied in part on home visits by police officers. Others have used neighborhood mini-stations -- sometimes in ways that mimicked historic settlement houses. Such centers in Scandinavia, for example, have been described as "especially attractive, warmly furnished, inviting places, where neighborhood residents talk to police about a variety of problems -- such as a husband's excessive drinking or a child's failure to meet school obligations -- that may not bear on crime."[125]

Perhaps the best known examples of community policing are Neighborhood Watch programs. Such programs have had limited success in meeting their primary goal of crime reduction, but they have shown promise in increasing neighborhood cohesiveness and diminishing fear[126] -- responses that are consistent with safer environments for children.

For example, the Milton S. Eisenhower Foundation's demonstration program for community-based organizations to reduce crime in high-crime, inner-city neighborhoods failed to achieve the program's ultimate goal, but the organizations attracted relatively high levels of participation (about one in five adult residents), reduced fear of crime, and increased sensitivity to problems of youth in the neighborhood.[127] The positive effects of the Eisenhower Foundation program were greatest when the organizations did not focus their efforts on youth problems per se but instead emphasized community organizing (e.g., block clubs) with regular opportunities for citizen involvement. Success in building community cohesiveness also was more likely to occur when groups did not focus on crime per se but instead dealt with the most pressing social needs as the residents themselves perceived them: finding a new use for a vacant school building, provision of tutoring for schoolchildren, or development of programs to stimulate youth jobs.

The Eisenhower Foundation's own summary of its community development projects suggests the need to go beyond Neighborhood Watch programs to more extensive involvement of police and other agencies in supporting neighborhood development:

> *[C]onventional community crime prevention tactics [fail to] pay sufficient attention to domestic violence. Domestic violence and child abuse are woven like a red thread through many low-income urban communities; they are a critical part of the community's crime problem, and one that is especially troubling because of its potential to generate further violence in the future as children in violent and abusive families grow up. Like drug use and drug dealing, an effective community response to violence in the family must, in our experience, address the social fabric of inner-city communities and the frustration and anger that result from blocked economic opportunity.*[128]

As the Eisenhower Foundation continued, citizen patrols "can help **support** a broader strategy of youth empowerment and economic development in disadvantaged communities."[129] Building from the lessons learned in its recent projects, the Foundation's current projects adopt several strategies that, although focused on crime prevention, are also relevant to neighborhood development for the purpose of child protection (as the Foundation itself has recognized):

· *Employ or mentor high-risk youth with sufficient extended-family-like discipline and social support (including remedial education) to reduce crime and drug abuse while they increase school completion and future employability;*

· *Empower inner-city neighborhood nonprofit groups to operate the programs, organize local residents, integrate crime prevention with economic development, bring in creative support from the police and link up with schools;*

- *Develop financial self-sufficiency in order to ensure that program activities can continue.*[130]

### c. Avoiding Undue Emphasis on Investigation

The discussion of the place of the justice system in the broader child protection system has focused thus far the functions and form of the justice system itself, as it is applied to both dispute resolution and law enforcement. Consideration needs to be given, though, to reform not only of the justice **system** but also the **law**.[131]

The de facto definition of child protection as limited to CPS and, implicitly, the legal apparatus that provides its authority has resulted from an assumption that every case is potentially a case for coercive intervention. From the time that a call is heard, caseworkers typically must act as if they are gathering evidence for a legal proceeding even when the allegation is such that there is little if any chance that the case will ever proceed to court.[132]

As we discussed in Section II(D), this emphasis on investigation has served in two ways to undermine the purported goal of child protection. First, although there are impressive exceptions (such as the child protection system in Hennepin County, Minnesota), the focus on investigation too often so absorbs child welfare agencies that no one has time to be of much help to the families reported. Second, the emphasis on investigation has created such intractable role conflicts that families may be deterred from accepting the help that is available.

Involvement in the legal process does carry some risks for children whose cases do progress through the courts, especially the criminal courts.[133] Although harm is not inevitable,[134] the reality remains that, even for those cases where court involvement does occur, participation in the legal process is sometimes incompatible with the goal of child protection.

Given these facts, if the child protection system is to move from its current misplaced emphasis, the grounds for coercive legal intervention with families may need to be narrowed. Caseworkers need to be able to take calls and proceed in many cases simply to pose the question, "What can we do to ***help***?" In that regard, the primary question is not whether law enforcement officers, CPS caseworkers, or both should perform investigations -- or, for that matter, who should offer help.[135] Rather, the need is to limit the range of cases in which the primary response is to gather evidence against parents -- to the degree that this is possible without jeopardizing the safety of the child.

At the same time, the Board believes that there are circumstances under which legal intervention is justified and desirable:

- when danger to the child is so extreme that it is simply not safe for the actual or would be offender to have access to the child;

- when the probability of effective intervention to prevent the recurrence of child abuse or neglect is greater if the "hammer" of the court is available;

- when the behavior of the offender is so wrongful that society must exact retribution.[136]

Development of policy based on the first two grounds is hampered for the immediate future by the lack of research. The empirical foundation for risk assessment remains scant.[137] Knowledge about the effectiveness of court-ordered interventions is limited; the research that is available has obtained mixed findings in regard to the question of when, if ever, coercion facilitates treatment.[138] Knowledge also is limited about the ways that judges and the various officers of the court could act to enhance whatever therapeutic effects court involvement does have, although essays on the new **therapeutic jurisprudence** have raised some provocative hypotheses.[139] Research also is minimal on the question whether a change in standards for reporting and investigation would actually result in a change in behavior of mandated reporters or CPS agencies so that voluntary services would become more easily available and that the proportion of time spent on investigation would decrease.[140]

### d. Making the Legal Process Child-Centered

Regardless of the specific legal forum in which child protection matters are considered, questions remain about whether the process is child-centered. As a result, Congress and the State legislatures have enacted many statutes to prevent harm to children during the legal process.[141] Too often, though, such laws have been enacted with little consideration of the meaning of various procedures to the child.

Moreover, statutory reforms commonly have focused on trial procedure. Much less attention has been given to the child's experience of the legal process as a whole. Similarly, some consideration has been given to avoidance of long-term harm to children, but little study has taken place of ways that children can be involved so that they believe that justice was done and that they had their say.[142]

Unfortunately, the norm in many communities is that children are more objects than participants in child protection proceedings, so that they may not even be given feedback about the progress of the cases in which they are involved or explanations about the nature of the proceedings and the nature and reasons for the decisions reached in them. Often guardians ad litem are not appointed or, if they are, they fail to undertake even the most basic preparation -- i.e., talking with their child clients.[143]

Systematic efforts to ensure that children's interests are at the center at least of civil (juvenile or family court) proceedings show that special systems for ensuring that consideration of children's interests is careful can work. In a demonstration project in Genesee County, Michigan, lawyers, law students, and volunteers with special training all performed better as advocates for children in child protection cases than did the average lawyer appointed to such cases.[144] The specially trained advocates were more likely to be actively involved in development and implementation of service plans, with the results that (1) court processing time decreased and orders were more detailed, regardless whether the child entered foster care, and (2) both dismissals and orders for state custody decreased.

Similarly, a study of advocacy for children in child protection cases in nine counties across the United States found lay volunteers (Court-Appointed Special Advocates; CASAs[145]) and staff attorneys to provide more intensive and stable representation for children than did court-appointed private attorneys.[146] CASAs were particularly effective in facilitation of services for children.

Although these studies provide promising directions for program development, research is needed to provide the information that attorneys and lay advocates can use to help to ensure that the legal process comports with children's dignity.[147] The model programs for representation of children also should be applied more broadly, perhaps through the efforts of State and local bar associations and affiliated groups.[148]

### e. Reforming the State Courts

Almost by definition, abused and neglected children are a vulnerable population. Those who are entrusted with their care have been unable or unwilling to provide them with protection from harm. Sometimes this behavior is fully culpable. Sexual abuse involves the exploitation of children for one's own gratification, need for control or sense of inadequacy. Physical abuse requires the use of force against children in ways that adults know or should know not only can cause bodily harm but that may also leave deeper and more lasting psychological scars. At other times, the maltreatment of children (especially in cases of neglect) derives more from a combination of a lack of resources and the caretaker's own inadequacy and feelings of being overwhelmed.[149]

Whatever the motive or cause for child maltreatment, however, it surely represents a breach at least temporarily of the expectation that parents and other caretakers for children are dependable guardians of the children's interests. Such an assumption is even more problematic for children removed from their parents' custody, whose legal guardians, who are often State social workers, may be charged with the care of many children, some of whom they rarely even see.[150] The guardians themselves (however motivated they may be) often have not been in the position long enough to know their wards' interests[151] and, in any event, may hold jobs that sometimes place them in conflicts with their wards' interests as individuals.[152]

In such a context, there can be little doubt that a child-centered policy requires effective ongoing advocacy for abused and neglected children. Such a requirement emanates not only from the need to protect the interests of vulnerable children, but also from the right of all children -- as people worthy of respect -- to be heard about matters that pertain to them.[153]

Unfortunately, though, there is widespread acknowledgment that the quality of advocacy on behalf of abused and neglected children often has been poor or even nonexistent. This problem was illustrated, for example, by the examination by several national legal and child welfare organizations of the level of fulfillment of the requirement in the Adoption Assistance and Child Welfare Act of 1980 that regular reviews are held to determine whether State agencies have undertaken reasonable efforts to preserve or reunify families of State wards.[154] The national organizations concluded that advocacy for State wards often is sorely lacking but that, if taken seriously, it could help to ensure not only that individual children are not caught in "foster care drift" but also that the child protection system is made more responsive:

*Many juvenile and family court judges remain unaware of their obligation to determine if reasonable efforts to preserve families were made. Other judges routinely "rubber stamp" assertions by social service agencies that reasonable efforts to preserve families were provided.*

*Similarly, many child welfare workers are unaware of their own obligations and unsure of the nature and extent of services that should be provided. Many feel abandoned by the judiciary and legislature and left to care for an ever-increasing population without adequate support and resources. Many feel that they are scapegoated for the entire government's failure to deal effectively with children and families in crisis.*

*Attorneys for children and parents are often at a loss about the services to which their children are entitled and how they can most effectively secure those services through agencies and the courts.*

*When judges fail to ensure that reasonable efforts are made, when agency personnel fail to provide necessary services, when attorneys fail in their obligations to their clients, families and society pay the bill. Not only are parents and children denied a real chance to "make it work" but taxpayers must bear the expense of unnecessary foster care placements.*

*The reasonable efforts requirement need not be a burden on judges, agency personnel, and attorneys. It can be an opportunity for effective advocacy for children and their families, an occasion for open examination of community options and a tool for sensible fiscal policy in which scarce funds are spent on the most cost-effective and appropriate services.*[155]

The justice system can play important roles in providing a voice for individual abused and neglected children and exercising community leadership, including oversight over administrative agencies, in ensuring the accountability of the child protection system. Although the State juvenile and family courts often have failed to fulfill their responsibility in this regard, they already have such roles in law pursuant to the Adoption Assistance and Child Welfare Act and many State juvenile codes.[156]

Increasingly, the judiciary itself has recognized the need for juvenile and family court judges to be active in fostering the development of the service system, building a sense of responsibility in the community, evaluating the performance of administrative agencies, and requiring reliable, zealous advocacy by attorneys and guardians ad litem for children involved in child protection proceedings, including post-dispositional reviews.[157]

The Board believes that in many parts of the country the range of cases potentially brought before the juvenile and family courts should be narrowed, but that provision, including necessary fiscal and human resources,[158] should be made available for the courts to exercise their leadership and oversight roles with due care and intensity.[159] In other words, many courts should be involved with a narrower range of child protection cases,[160] but they should exercise closer oversight in those cases that do come before them than has been typical, especially in the dispositional and post-dispositional stages.

Courts should use their case reviews as means of monitoring the child protection system as a whole, and they also should regularly examine systematic data about the progress of children under the court's jurisdiction and the responsiveness of particular elements of the service system. Courts also should use their moral and legal authority to develop community responsibility through neighborhood meetings, support for neighborhood leaders, and creative dispositional plans that build on the support available from natural helpers, volunteers, and extended families.

Such a model assumes the availability of dedicated and skilled representatives of maltreated children, both individually and as a class. Such representatives (ideally, attorneys in combination with volunteers, such as CASAs, or paraprofessionals) should be continuously accessible to and by their child clients. Attorneys for children also should have standing to bring actions on their clients' behalf (e.g., to file for termination of parental rights) and to appeal decisions to higher courts.

### f. Reforming the Federal Courts

The Federal courts also have a role to play. No right can be more fundamental than the right to personal security.[161] Unfortunately, however, in the *DeShaney* case, the Supreme Court has construed this right so narrowly that it is not implicated even in those cases in which CPS agencies become involved but in which custody is not transferred to the State.[162] Similarly, the Court subsequently denied children's access to the Federal courts to ensure compliance with the Adoption Assistance and Child Welfare Act -- even when the "reasonable effort" being demanded is simply appointment of a caseworker![163]

Justice Blackmun's eloquent, passionate dissent in *DeShaney* is worth reading and re-reading, because it shows an exemplary appreciation of the stakes involved in recognition of responsibility for the protection of children:

> *Today, [in holding that no liability for violation of civil rights occurs when a child known to CPS is not protected,] the Court purports to be the dispassionate oracle of the law, unmoved by "natural sympathy." But, in this pretense, the Court itself retreats into a sterile formalism which prevents it from recognizing either the facts of the case before it or the legal norms that should apply to those facts....*
>
> *Like the antebellum judges who denied relief to fugitive slaves, the Court today claims that its decision, however harsh, is compelled by existing legal doctrine. On the contrary, the question presented by this case is an open one, and our Fourteenth Amendment precedents may be read more broadly or narrowly depending upon how one chooses to read them. Faced with the choice, I would adopt a "sympathetic" reading, one which comports with dictates of fundamental justice and recognizes that compassion need not be exiled from the province of judging....*
>
> *Poor Joshua! Victim of repeated attacks by an irresponsible, bullying, cowardly, and intemperate father, and abandoned by respondents [State officials] who placed him in a dangerous predicament and who knew or learned what was going on, and yet did essentially nothing except, as the Court revealingly observes, "dutifully recorded these incidents in [their] files." It is a sad commentary upon American life, and constitutional principles -- so full of patriotic fervor and proud proclamations about "liberty and justice for all," that this child, Joshua DeShaney, now is assigned to live out the remainder of his life profoundly retarded.*[164]

Tragically, "child protection" too often is confused with investigation and the "dutiful recording" of incidents in files. By itself, access to the Federal courts will not resolve this fundamental problem. It may not even lead to significant change in the specific system at issue in any particular case. Nonetheless, if Congress acts to overturn the Supreme

Court decisions denying children access to the Federal courts to ensure that their right to protection is vindicated,[165] such action will signal the seriousness of the rights involved, and it will provide a vehicle for change in perceptions and motivation of the public and the professions about what needs to be done to build a child-centered child protection system.[166]

### g. Improving System Accountability on Behalf of Maltreated Children

Of course, advocacy need not and indeed should not be limited to the courts. Other structures may be better suited to provision of ongoing opportunities for advocacy of children's wishes and interests and for oversight of State, County, and community programs. In that regard, the Board is pleased to note that in its last session Congress provided the Department of Justice with authority to provide challenge grants to States that develop ombudsman programs for children in out-of-home care.[167] Such programs have the potential not only to offer a direct voice for children to express their concerns but also to prevent, uncover, and remediate institutional abuses.

Although funding to fulfill the Congressional authorization for support to States for ombudsmen for children in out-of-home care would be an important first step, the Board encourages States to expand such programs to provide advocacy and monitoring on behalf of *all children, not just those in out-of-home care. Experience abroad suggests that ombudsmen for children can provide them with a sense of empowerment and that such specialized ombudsmen can stimulate attention by policymakers and the general public to conditions that endanger children.*[168]

Beyond the formal structures for advocacy that government may provide or support for children who have been maltreated or who are at risk of maltreatment, private organizations also can play an important role. Through Child Watch and Kids Count programs and other citizen surveys and reviews of agencies in the child protection system (such as those sponsored by the Children's Defense Fund, the Junior League, the Annie E. Casey Foundation, and other private advocacy groups and foundations), volunteers can indicate collective responsibility and concern for the protection of children. Through citizen oversight and monitoring of local courts, volunteers also can substantially increase the accountability of the juvenile and family courts and the various associated service systems. Also, professional associations can assist in the establishment of standards that minimize the likelihood of child maltreatment, and they can conduct periodic reviews of facilities to determine their compliance with such standards.

Indeed, regardless whether maltreatment occurs in families, community facilities (e.g., schools and day care centers), or out-of-home care, closure to public scrutiny may be a necessary condition for its occurrence and recurrence.[169] Experimentation is needed with diverse regulatory strategies that may focus public or professional attention on the quality of care in facilities and programs (both residential, including family foster care, and non-residential) for children:

- standards and procedures for licensing that focus on quality assurance and that provide guarantees of safety that go beyond the safety of the physical environment;

- structures and procedures for investigation of complaints of child maltreatment in out-of-home settings (including community facilities);

- structures and procedures for identification of conditions that may escalate into abuse or neglect in community facilities;

- standards for unacceptable practices (e.g., psychological abuse) in facilities that are broader than those applied to families; and

- statutes and regulations providing protection for staff who "blow the whistle" on deviations from established standards for care of children in facilities.[170]

Keeping in mind the central theme of taking children seriously, regulators should not overlook the need to ask children themselves about their experiences in various facilities. Administrators at Boys Town have reported an exemplary approach to such inquiries.[171] Researchers conduct regular audits designed in part to uncover questionable caregiver behavior, regardless of whether it fits legal definitions of abuse and neglect. All residents are interviewed periodically about staff behavior. Five hundred children are interviewed each year; such confidential interviews elicit an average of eighteen claims of impropriety, of which sixty percent are at least partially substantiated. The interviews are part of a much broader program of quality assurance, including staff performance evaluations based on child outcomes, and related training and supervision of staff.

Even in confidential interviews, though, children may be reluctant to reveal misconduct of staff who are involved in their supervision and care. Accordingly, exit interviews when children leave care and retrospective surveys of former foster children and institutional residents may provide additional information about circumstances associated with out-of-home abuse or neglect.[172]

Federal agencies that directly or indirectly support residential and non-residential programs for children could do much to promote the safety of children outside their homes by sponsoring or conducting studies of the effectiveness of various regulatory strategies and diffusing such information among the States and the various professional associations. Although evidence about the level of risk to children in various types of facilities and programs has been accumulating,[173] research on means of prevention of institutional child maltreatment is virtually nonexistent. In that regard, experience with licensing of day care programs gives reason to believe that increased regulation of the social aspects of care (apart from assurance of the safety of the physical environment) may improve the quality and safety of children's care.[174] On the other hand, studies of professional licensure more generally have provided little evidence that it promotes the quality of services.[175] Other bodies of research, such as studies of professionals' (non)compliance with reporting laws,[176] also may suggest hypotheses about the effectiveness of various regulatory strategies in various contexts.

Federal agencies also should develop and evaluate standards for their own care of children in order to prevent maltreatment of children under Federal jurisdiction.[177] Although such care has not always been exemplary,[178] Federal agencies are in positions to develop model programs for prevention of institutional abuse and neglect of children in communities of diverse ethnicity. Programs implemented and evaluated as a result of such efforts, when combined with the results of research comparing the effectiveness of various State models, would go far toward the development of a system to prevent maltreatment of children in out-of-home settings.

## 6. Recommendations

### Recommendation 7

*Child protection programs at all levels should place increased emphasis on preventing child abuse and neglect and providing treatment for those involved. The Child Abuse Prevention and Treatment Act, which requires investigatory mechanisms but does not expressly require prevention and treatment as a condition of State grants, should be amended to mandate all three.*

### Recommendation 8

*Federal, State, and County Governments should take all steps necessary to ensure that effective mental health treatment is available and accessible to abused and neglected children and their families. Care should be taken to ensure that such coverage is included in any new national health care program.*

(Specific options for fulfilling this recommendation can be found in CREATING CARING COMMUNITIES, supra *note 7, at Recommendation D-3a.)*

### Recommendation 9

*The Secretary of Health and Human Services should direct the National Institute of Mental Health and the Center for Mental Health Services to undertake a major initiative to generate knowledge about effective treatment and related service systems for abused and neglect children and to disseminate such information to mental health programs throughout the Nation.*

### Recommendation 10

*Consistent with recommendations of the National Commission on Children, support should be provided for experimentation with various strategies for increasing income support for impoverished families. In the short term, support should be provided for testing the effect of providing flexible, individualized, material supports in ways that encourage self-sufficiency for impoverished families at high risk.*

### Recommendation 11

*With support by the Children's Bureau for testing and dissemination of effective models for recruitment and retention of foster parents of diverse ethnicity, States should take all steps necessary to professionalize family foster care. States should provide commensurate quality assurance, training, consultation, support services, payment, involvement in decision making, and recognition for foster parents.*

### Recommendation 12

*The Secretary of Health and Human Services should direct the Children's Bureau, in collaboration with other relevant Federal agencies (e.g., health, mental health, and justice programs), to support research demonstration projects on alternative models of foster care. Such models (including kinship care, open adoption, whole-family foster care, and partial foster care) should involve accommodations to contemporary social realities and should fit into a broader system of neighborhood-based support for troubled families and for children who have been maltreated or who are at high risk of abuse and neglect.*

### Recommendation 13

*The various agencies in the child protection system should give due respect to children's right to a family environment, as defined in the U.N. Convention on the Rights of the Child. Special efforts should be made to avoid separating children from their families unnecessarily. If a child is placed in out-of-home care, special care should be taken, consistent with the child's safety, to maintain relationships the child regards as important sources of support. These may include biological parents and siblings, foster parents, adoptive families, or unrelated adults such as schoolteachers.*

### Recommendation 14

*The Secretary of Health and Human Services and the Attorney General should encourage experimentation with alternatives for permanency, including kinship care, guardianship, and long-term foster care, that do not require returning foster children to unsafe homes but that maintain relationships important to them.*

### Recommendation 15

*Congress should amend the Child Abuse Prevention and Treatment Act to permit the Secretary of Health and Human Services to issue waivers to allow States to experiment with new standards for investigative responses to cases of suspected child maltreatment. The Secretary should direct the National Center on Child Abuse and Neglect or the National Institute of Mental Health, in collaboration with the Office of Justice Programs, to evaluate the effects of these experimental efforts. To the extent that changes prove successful, they should be incorporated into new standards for reporting and responding to cases of suspected child maltreatment.*

### Recommendation 16

*State and Tribal courts and legislatures should seek to develop alternative means of dispute resolution in cases related to child protection so that the process may stimulate or enhance family and neighborhood responsibility. The Attorney General should direct relevant units of the Office of Justice Programs, in consultation with the National Center on Child Abuse and Neglect, to support evaluation of such innovations. Results should be disseminated, especially among State and Tribal legislators, judges, and justice system administrators. Whenever appropriate, experimentation should be coordinated with work by multidisciplinary task forces established by Children's Justice Act grantees.*

### Recommendation 17

*The Attorney General should direct the Office of Justice Programs to support research and demonstration programs to increase understanding of the way that children experience the legal process, and to find ways to increase their satisfaction with it. The goal* *should be to make children "partners in the pursuit of justice." State and local bar associations should use this knowledge to enhance the training of attorneys and lay advocates who represent children in child protection proceedings.*

**Recommendation 18**

*State and Tribal legislatures should ensure that children have legal standing to file actions or appeal decisions, including dispositional orders, in matters pertaining to their protection and care. Congress should act to provide children with access to Federal courts to remediate any failure by States to exercise reasonable efforts to protect children from harm and to promote stability in their lives.*

**Recommendation 19**

*In collaboration with the President of the Legal Services Corporation and relevant associations of lawyers and judges, the Attorney General should provide research, training, and financial support to improve the quality of representation of children in civil child protection proceedings. Such efforts should include development and dissemination of model court rules and standards of practice to guide attorneys and guardians ad litem in their work.*

**Recommendation 20**

*With appropriation of necessary funds, Congress should require the States to establish an office of ombudsman for children, especially those in out-of-home care, as a condition of receiving funds under Title IV-E of the Social Security Act. State legislatures should ensure that ombudsmen have full access to children in out-of-home care and other public programs and facilities and that children have access to the ombudsmen. Legislatures also should ensure that ombudsmen have the independence necessary to represent children's interests effectively.*

**Recommendation 21**

*Federal agencies that directly or indirectly support facilities providing out-of-home care for children should collaborate in gathering and disseminating knowledge about good practice, regulation, and other mechanisms that effectively prevent child maltreatment in these facilities. These agencies, including the Departments of Education, Justice, and Health and Human Services, should then collaborate in developing, implementing, and evaluating standards and procedures to prevent institutional child maltreatment.*

## E.*ELEMENT 3*: IMPROVING THE ROLE OF GOVERNMENT IN ADDRESSING CHILD MALTREATMENT

### 1. The Need for Leadership

In order to protect its children, the Nation must change in ways that are both broad and profound. When reform is needed in so many sectors of society, the task cannot be limited in totality or even in large part to a single agency, sector, or level of government. Indeed, as this report elaborates, the ***child protection system[179] might be best conceptualized as society as a whole.[180]*** **Everyone has the opportunity and the responsibility to assist in the protection of children from harm.** The protection of children goes beyond the social service office, the police station, the courtroom, and the foster home. **Child protection should become a part of everyday life so that *every place* where children are is a *safe haven*.**

There can be disagreement about the limits of the responsibility of government and society as a whole to enhance the development of children. Everyone must agree, though, that children have a right, at a minimum, to protection of their personal security. That premise implies building a society in which the social and physical environments are so safe that they "demand" the protection of children. Sadly, however, the child protection system now has so many holes that often little guarantee of protection from continuing serious harm can be given even to those children whom the State has recognized as already abused or neglected -- sometimes even to those children whom the State has taken into its own care.

A firm commitment should be made to adopt a National Child Protection Policy (see Appendix B) that would provide a framework for coherent and comprehensive government action to protect children from abuse and neglect. In particular, a focus on child protection should be adopted in the range of Federal agencies concerned with children and families. When the Federal Government itself has jurisdiction, child protection programs should be exemplary. More broadly, the Federal Government should establish a goal of facilitation of community efforts to protect children.

Such action by Federal leaders is critical. As the Board noted in 1991, "Federal action alone is insufficient for the social transformation that is necessary for the protection of children, [but] it is also clear that such fundamental change cannot occur on a national scale without a reformation of Federal policy. Indeed, it is clear that community change -- even more basically, comprehensive services for individual maltreated children and their families -- will remain difficult to accomplish without Federal reform."[181]

Federal leadership is needed for research, training, and program development. The Federal Government also is active in financial support, and care must be exercised to ensure that funding is consistent with the proposed National Child Protection Policy.

### 2. The Need for Change in Financing

The kinds of change that the Board is advocating are hampered by inefficiency in the ways that funds currently are allocated. Leroy Pelton has made the point well:

> *...[O]ur child protection system, due to its current orientation and structure, is incapable of providing much in the way of preventive and supportive services. More funding, it is true, is needed for such services, but limited funding has not been the only problem. The system has actually grown over each of the past two decades, with billions of federal, state and local dollars now flowing into foster care each year, and staffs having increased. Having started with an inappropriate orientation, the system's budget is tied up in investigation and foster care, with little left for services. But then, due to lack of services, children are placed in foster care, and a vicious cycle is generated, since more money is then needed for foster care. Within this system, we never do get to a point at which much money for services can be wrested from the sizable grip that investigation and foster care functions have on the budget.*[182]

The problems with the financing system are of four types. First, as the preceding quote illustrates, **the financing system offers substantial incentives for use of out-of-home placement without parallel incentives for provision of prevention services, early intervention, and intensive crisis intervention**When the Federal Government provides billions of dollars in reimbursement for foster care (under Title IV-E of the Social Security Act) but provides only a few million dollars a year for the whole country for community programs intended to prevent child maltreatment, the message is obvious for State and County program administrators, especially in a time of increasing fiscal strain on State and County Governments. A similar message comes to health and mental health administrators who find that payers favor treatment over prevention and residential treatment over traditional outpatient treatment, and that payers favor home- and school-based services even less.

Although most conscientious administrators endeavor to provide the most appropriate services for each child and family, the desire to do so can result in serious conflicts in tight fiscal times like those currently being experienced in many parts of the country. The present system not only provides perverse incentives in this context, but it also inevitably funnels much administrative time into figuring out how to get the most reimbursement from the Federal Government. Unfortunately, this endeavor distracts from the more important question of what is best for children and families.

A recent additional example of misordered incentives came with the 1992 amendments to the Child Abuse Prevention and Treatment Act.[183] In those amendments, Congress required States to spend 85% of their Federal formula grant for child protection on CPS improvement. Although the Board believes that funds for such efforts ultimately should be made available, CPS improvement should not be the first priority for use of limited Federal support. Congress should amend CAPTA so that States are not only free but indeed encouraged to spend their

CAPTA allotment on prevention and treatment programs. Such an amendment should apply at least until funds are appropriated for broad-based prevention and treatment efforts in various sectors (e.g., public health, education) and full funding is provided for the CAPTA prevention program.

Second, **both public and private third-party payers tend to direct reimbursement toward easily countable services** -- a day of foster care; an hour of psychotherapy -- rather than the individualized, flexible services that generally are most effective in families with multiple needs. Accountants may look in horror at services involving multiple and non traditional components, delivered at whatever place and time they are needed, that utilize non-professional providers, or vest expenditure authority in line workers. Nonetheless, that accountant's nightmare is the state of the art in prevention and treatment of child abuse and neglect, and a financing system that is structured arbitrarily for administrative ease is inefficient when it fails to produce positive results.[184]

Third, **the paths on which funds now flow impede neighborhood-based services**. Although the rationale for the merger of funding streams into block grants was to reduce administrative costs and to bring decision making closer to the front lines, a major effect in human services was to move allocation of funds to a more remote level. As State agencies became the primary grantees, community agencies lost their discretion in expenditures. Community health and mental health centers, for example, no longer were direct recipients of funds, and State agencies were relatively more inclined to support programs of the type traditionally administered by States (e.g., institutions) for populations that they traditionally served (e.g., people with chronic mental disorders).[185] Although categorization within fields was reduced, States had no incentives to merge funds across fields (e.g., to blend child welfare, mental health, maternal and child health block grants), and local administrators had no means to do so.

Fourth, **the "strings" placed on receipt of funds often are so rigidly categorical that they impede the development of comprehensive neighborhood-based services**. In many communities, agency heads struggle to combine funding from multiple categories in order to offer integrated services. Multifaceted services needed for families with multiple problems, and any one stream of categorical funds may be too small to develop effective programs in areas with low population.

Unfortunately, the integration of funding streams is not easy. Each has its own set of requirements, procedures, and regulations, which sometimes conflict. For example, one Board member heard from a runaway shelter director who was trying to blend funds in order to establish a counseling program for young substance abusers. One source required payment by the client for services; the other prohibited the establishment of client fees.

The maze of different and sometimes conflicting regulations interferes with coordination of frontline agencies. Much time is wasted by program administrators and their attorneys in attempts to discern whether and how they can work together to help particular families.

At the same time, there is some utility in establishment of particular emphases in multiple Federal and State agencies. As the Board noted in its 1991 report, the professions look to their "home" agencies for establishment of priorities, and they typically will not develop an emphasis on child maltreatment unless their agency counterparts do so.[186] The strategy, as outlined in the 1991 report, must be to provide for special emphases in establishment of funding streams but to make it easy for neighborhood-level organizations to blend funds for comprehensive programs.[187] There ought to be child protection programs in the schools, for example, but neighborhood leaders should be left free to plan how they are established and integrated with other programs. In that regard, the history of service integration is that it has been successful when implemented through funds invested directly in neighborhood-level programs (e.g., Head Start) but not when attempted through negotiation across Federal and State agencies.[188]

With varying levels of comprehensiveness and effectiveness, service integration, including coordinated funding, is the focus of numerous efforts in various domains at both Federal and State levels.[189] Most notably, some States already have begun to take the steps that they can to reduce obstacles that funding "strings" place on the development of neighborhood-based services. An example of such efforts is New York State's Neighborhood-Based Alliance (NBA), which provides support for community projects to offer comprehensive crisis intervention and/or case management services and at least two other specific neighorhood-based services.[190] The law establishing NBA permits State agency commissioners to approve waivers of any State regulations that impede NBA projects, authorizes a committee of the State Department of Social Services to identify existing categorical funding streams that might be blended in a single contract with the local projects and to fund programs to fill service gaps with the NBA appropriation, requires neighborhood-level planning with resident involvement, and provides for development of public-private partnerships.[191]

If service integration is to work, local agencies need funds that are earmarked for such flexible programs.[192] Federal and State authorities must be willing to take a chance and to relinquish some control over decisions about how to deliver services most efficiently and comprehensively at the local level. The block-granting principle is sensible, but the recipient of funds should be moved closer to the neighborhood level, or strings should be added to provide incentives for coordinated State-level allocation of funds in a manner consistent with neighborhood plans. Regardless of the level at which blending occurs, there also should be provision for integration of funds across sectors (e.g., education and mental health) as well as categorical programs residing within single agencies.

Unfortunately, the political obstacles to a more sensible financing system are formidable. The various Congressional committees with legislative responsibility for the different programs affecting children and families generally guard their jurisdiction with zeal.[193] That approach makes development of comprehensive solutions to complex problems nearly impossible, and it inevitably results in fragmented programs with sometimes conflicting rules. The options suggested by the Board in its 1991 proposal for Federal programs that would permit development of the strategy outlined in this report,[194] involved at least 11 committees and 17 subcommittees in the House. Twelve committees and 22 subcommittees would be involved in the Senate. A comprehensive strategy might require referral to all of them.

Moreover, committee jurisdiction conflicts not only within but also across houses of Congress. For example, programs that would provide for integration of health and mental health services into the schools might be handled by a single committee in the Senate, but multiple committees probably would be involved in the House. Conversely, bills aimed at both the justice system and the child welfare (social services) system may fall within a single committee in the House but not in the Senate. Actually, even the child welfare system itself is the inevitable target of fragmented solutions, because categorical, problem-oriented programs lie in the committees with jurisdiction over human services, but the "big-ticket" entitlement programs (e.g., foster care) are in the province of the committees whose primary focus is on taxation.

Although the Board recognizes that wholesale reorganization of Congress is outside its reach, it does implore Congress to take the necessary organizational steps to develop a comprehensive new approach to child maltreatment, a problem of extraordinary significance and urgency. It should do so in a manner that avoids unduly fragmented and inefficient financing and that provides fiscal incentives for development and implementation of neighborhood-based programs that are consistent with the National Child Protection Policy proposed by the Board (reprinted in Appendix B).

### 3. The Need for Involvement

The Board continues to believe that the Nation needs Federal child protection programs that are "sufficiently intensive and diverse to provide communities with the support that they need to develop a comprehensive neighborhood-based, child-centered, and family-focused approach to child protection."[195] At the same time, the Board has been gratified by some of the steps taken in various parts of the country to attempt to create ***caring communities***. In formal hearings and informal discussions, we also have been struck by the degree of consensus about the national emergency in child protection and the need for a new neighborhood-based strategy.

Accordingly, although the crisis in child protection is grave and worsening, we have seen signs of action, especially in the voluntary sector, that give some reason for optimism. Notably, although no State yet has fulfilled the Board's previous **centerpiece recommendation for universal voluntary neonatal home visitation** for the purpose of prevention of child abuse and neglect,[196] **the majority of States have made progress toward such a goal** The Healthy Families America initiative of the National Committee for Prevention of Child Abuse (funded by the Ronald McDonald Children's Charities) has been an important stimulus for such efforts and probably the most important direct result of the Board's previous work.[197] Moreover, several national religious (e.g., the Southern Baptist Convention), civic (e.g., Kiwanis International), and professional organizations (e.g., the American Bar Association and the American Psychological Association) have placed child protection at or near the top of their list of priorities -- in some instances as a direct response to the Board's recommendations in its 1990 report.

Leadership by public officials would go far toward making such efforts commonplace. The Board calls on the President, the Members of the Cabinet, the Governors, the Mayors, and other public officials to guide Federal and State agencies in the facilitation of community efforts and to promote grassroots action to protect children.

## 4. Recommendations

### Recommendation 22

*The Federal Government should establish a National Child Protection Policy (see Appendix B). The goal of the policy should be to facilitate comprehensive community efforts to ensure the safe and healthy development of children and youth. The policy should be incorporated into the United States Code as an intrinsic part of the Child Abuse Prevention and Treatment Act. The policy should drive the child protection-related activities of all Federal agencies. State Governments should establish analogous State Child Protection Policies.*

### Recommendation 23

*Congress should act to build a financing system consistent with a comprehensive child-centered, neighborhood-based, family-focused child protection system. To that end:*

*· The Congressional leadership should work to minimize fragmented committee jurisdiction that impedes integration of funding streams.*

*· Congress should reallocate existing resources from a focus on supporting the costs of out-of-home placement to a focus on preventive, "front-end," intensive, and comprehensive services, with emphasis on neighborhood-based services.*

*· Congress should provide for increased flexibility for blending funds across sources and categories, provided that such integration is consistent with State and Neighborhood Child Protection Plans.*

*· Until Congress provides substantial funds in various sectors for prevention and treatment of child abuse and neglect, the Child Abuse Prevention and Treatment Act should be amended to permit -- and indeed to encourage -- States to spend their allotments for the purpose of prevention and treatment, not CPS improvement.*

*· Whenever feasible, Congress should provide for direct grants, rather than reimbursement for unit-based services, to neighborhood programs for the purpose of strengthening families and prevention and treatment of child abuse and neglect. Accountability should be ensured through evaluation based on outcome rather than simple quantification of services provided.*

## F. *ELEMENT 4*: REORIENTING SOCIETAL VALUES THAT MAY CONTRIBUTE TO CHILD MALTREATMENT

### 1. Preventing Violence Against Children

Much of the discussion thus far has been related to social and political structure -- the ways that governments relate to neighborhoods, that services are organized and financed, and that roles are defined for various sectors of society. The challenges involved in accomplishment of the structural changes necessary for an effective, comprehensive child protection system are great.

If the political consensus required for such sweeping change is to be achieved and if the structural reforms are to have their optimal effect, then there also must be a reformation of values in our culture. **The idea that children are persons deserving of respect must become a fundamental premise guiding not only public policy but also our daily life.** Whatever its specific form, maltreatment involves a violation of a child's integrity as a person; assault, exploitation, or deprivation of the necessities of life is a personal violation. The lack of a concerted societal response -- in particular, the lack of a response that shows an appreciation of the seriousness of the problem and a sensitivity to children's own needs and experiences -- compounds the violation.

In both public and private life, adults must learn to listen to children, to give the support necessary to enable children to recover from maltreatment, and to organize neighborhood life so that the probability of maltreatment is minimized. This reorientation will be facilitated by clear public policy that shows due concern for the rights of children. In that regard, **the Board urges President Clinton promptly to sign the U.N. Convention on the Rights of the Child and the Senate then to ratify it with due speed.**

That the United States stands nearly alone among the world's democracies in its lack of formal affirmation of the human rights of children should be regularly on the front page of every newspaper -- but this lapse in Federal policy has failed to elicit even a mention in most of the Nation's newspapers and broadcast media. As far as we are aware, reporters never asked any of the candidates in the 1992 Presidential election about whether they would sign the Convention. The need is clear for a transformation of public attitudes -- and of the media that help to shape such attitudes.

The inadequate concern for the dignity of children may reflect insufficient regard for humanity and community. In particular, it is hard to discourage child abuse in families when violence is widespread in the society. Community violence and family violence are strongly correlated in their prevalence, and they both probably are related to the cultural acceptance of violence. Marian Wright Edelman has starkly described the significance of this relationship for America's children and families:

> *The evil fruit of...unchecked trafficking in guns abounds all around us. More than 400,000 students were victims of violent crime at school during a six-month period in 1988-1989. Funerals of young men -- victims and victimizers -- and unlucky, innocent, child and adult casualties of random violence have become weekly rituals in inner-city churches. Some public hospital trauma centers on Saturday nights resemble MASH units as black and Latino youths seek solace in death from their living hells of hopelessness and uselessness in an uncaring nation. More young black men die each year from gunshot wounds than from all of the lynchings throughout American history. The sound of gunfire is so common that in too many neighborhoods young children can discriminate between the sounds of semi-automatic weapons before they can discriminate between colors.*
>
> *Our inner-city war zones are just a microcosm of the larger American worship of violence that has become a leading national pastime and primetime obsession. Guns exceed television sets as American playthings. The Wild West has turned into the wild streets in an American culture that hawks violence over the airwaves as adults kill children and children kill each other in movies and in real life. Violent acts are the daily fare of millions of children who watch TV an average of 21 hours a week. TV Guide reports a violent incident is shown, on average, every six minutes. In real life, a child is reported abused or neglected every 13 seconds, mostly at home.*[198]

As Edelman concluded, the moral and social costs of such violence are likely to be enormous:

> *I can only imagine and guess at the fear, anxiety, daily burden of stress, and loneliness of huge numbers of young children who each day navigate a dangerous no man's land peopled by armed gangs, drug dealers, and nervous youthful gunslingers seeking to preempt death by first strike. While human beings can learn to accommodate some degree of threatened violence and fear if there is purpose and hope of change, the chronic, unrelenting assault we are subjecting our children to and letting others subject them to is unprecedented and profoundly immoral. And we'll pay now and later as they pay with their childhoods, with their dreams, and with their lives.*[199]

The answer is both local and cultural:

> *...[M]ost urgently and importantly, if we want our children to grow up respecting and valuing human life, we must begin by respecting and valuing theirs by making their neighborhoods and schools zones of safety and nurturance rather than zones of fear. We must stop the proliferation of guns in the hands of children and adults alike. We must encourage every school to adopt anti-violence and conflict resolution curricula and* ***begin study groups in our religious congregations and work places to find ways to staunch the violence rampant in our homes.*** *And we must address the underlying causes as well as the destructive symptoms of violence: the lack of hope and opportunity, the lack of strong families and communities and a sense of future.*[200]

As a society, we have the power to turn away from violence, just as many of us have turned from smoking, drunk driving, and use of illicit drugs. A generation ago, smokers had free reign in most public places, and people who did not like cigarette smoke usually suffered in silence. Today, however, smoking is no longer widely perceived as glamorous; instead, it is viewed as a threat to the public health, and smoking is prohibited or restricted in many public places.[201]

This shift in public attitudes did not occur by chance. It happened as a result of extensive, multifaceted public awareness campaigns by advocacy groups, educators, and government leaders and of regulation of advertising of tobacco products.

The messages about violence in the mass media and society at large are much more complex and confusing. Obviously, it is against the law to perform violent acts, and those who do so may be arrested. A foreign viewer of American television and movies might wonder, however, whether we really view violence negatively. The vivid, lurid portrayals of violence and the high box office receipts and advertising dollars that they command indicate that many people apparently enjoy watching violence, even though a huge body of research tells us that violent movies and TV programs increase the tendency toward aggression by some people.[202] Violence is a major public health problem, at least as dangerous as smoking (especially among youth), and it is far more likely than smoking to harm someone else seriously.

During periods in American history when the Nation was threatened by war, glorification of violence may have seemed justifiable as a means of motivating young men to defend our country. Such a need is not present today. On the contrary, our national survival is threatened not by a foreign power but instead by violence among our own citizens -- adult against adult, adult against child, child against child, and child against adult.

It is time to generate the same kind of effort to deglamorize violence as we have applied to smoking and drinking of alcohol. We urgently need leaders in government, the mass media, the arts, the schools, the churches, mosques, synagogues, and other institutions important in shaping public opinion to guide our society in the replacement of violence with more creative and less destructive means of resolving conflict -- to offer role models who are smarter and more humane than the gun-toting, brute-force examples of the past. We are no longer a frontier society; we have become a complex, highly urbanized, multicultural society in which our collective survival depends on being able to teach effective, civilized ways to cope with frustrations and to resolve differences.

Some steps toward removal of gratuitous violence from the airways already have been taken in response to legislation waiving antitrust law for three years so that the three major networks could plan jointly to reduce violence on television.[203] The networks have agreed to a Statement of Principles that obligates them to take special care to avoid mixing sex and violence, depicting violence as glamorous or an acceptable response to conflict, or showing violence during times that children are likely to be watching.

The Board applauds Congress for providing the nudge to the broadcast industry to take these steps and the major networks for responding. We call on the remaining networks, cable systems, and independent producers to join in the Statement of Principles. We hope that Congress and the public at large will continue to advocate for a national consensus that violence -- especially violence against children -- is unacceptable and to monitor the media's performance in promoting such a view.

Meanwhile, the media themselves, in collaboration with leaders of religious, civic, and professional organizations, can do much to communicate the message that violence against children is wrong and that alternative means of discipline are available. Such efforts should be directed toward organizations' own members as well as the general public.[204]

There are numerous potential opportunities to educate and mobilize the public to take creative action related to reduction of violence: e.g., school, business, and civic-club newsletters; church pulpits; media public service announcements, editorials, and feature stories; speeches by government and professional leaders. Mad Dads, a grassroots community organization in Omaha, recently joined with the police and the business community in a particularly creative effort in which an amnesty occurred and a reward was paid not only for working firearms but also for toy guns that were turned into the police.[205]

With the extraordinary level of violence in our society, the United States should be a leader in the worldwide movement to end violence against children. Five European countries now ban corporal punishment altogether, and most European countries do so already in the schools.[206] In those countries, campaigns are underway to educate the public about such prohibitions and to attempt to expand them. In the United Kingdom, for example, a coalition of more than thirty national organizations, including the pediatricians and home health visitors, have united to sponsor national No Smacking Weeks.[207]

Although intolerance of violence against children ought to become a value throughout the culture, a special focus on the schools is warranted. Such a focus is consistent with the Board's general thrust toward development of neighborhoods safe for children. Nowhere are youth more likely to be physically assaulted than at school.[208] It is not surprising, therefore, that many students report often being afraid at school.[209] Schools that are unsafe are typically not only in unsafe neighborhoods that lack cohesion, but they also tend to be punitive, impersonal, and unresponsive to the community and the needs of their students.[210]

Moreover, schools have an important role in modeling and directly teaching parents and children that effective nonviolent means are available to resolve conflict.[211] Parenthood education and school mediation programs may have long-term effects in prevention of violence against children.

The American public may be ready for such messages, in that the trend over the past several years has been toward decreasing acceptance of both corporal punishment and verbal attacks on children. Although the majority (53% in 1992) of American parents report having hit their child in the past year (8% with an object), the proportion has been showing a steady decline in recent years.[212]

### 2. Preventing Sexual Exploitation of Children

The message to be communicated is less clear[213] and, therefore, the task is more difficult, but there also is good reason to believe that the answer to reduction of the high frequency of sexual abuse of children lies in changes in societal values. The message must be simply given that **sexual exploitation of children is wrong**. Although direct evidence is lacking, it is plausible that this message, if it were repeated frequently by credible sources (as occurred with smoking),[214] would at least weaken the cognitive distortions (analogous to rape myths) that underlie the actions of many sexual offenders against children. [215] Indeed, it is plausible that the sexualization of children in some entertainment media has sometimes contributed to those distortions. One thing is clear however; much still remains to be learned about the causes and means of preventing sexual abuse.

The ultimate shift in values that the Board believes is required may require a more complex message, though, than simply that sexual abuse is wrong. It also may require diverse means of communicating new values. In speculating why known sexual abusers usually are men but the majority of child victims are female, David Finkelhor has noted four points:

· *Women learn earlier and much more completely to distinguish between sexual and nonsexual forms of affection.*

· *Men grow up seeing heterosexual success as much more important to their gender identities than women do.*

· *Men are socialized to be able to focus their sexual interest around sexual acts isolated from the context of a relationship.*

· *Men are socialized to see as their appropriate sexual partners persons who are younger and smaller than themselves, while women are socialized to see as their appropriate sexual partners persons older and larger.*[216]

Finkelhor has described several implications of these observations:

*First, men might benefit from the opportunity to practice affection and dependency in relationships that did not involve sex, such as male-to-male friendships and nurturant interaction with children. Second, the accomplishment of heterosexual sex might be de-emphasized as the ultimate criterion of male adequacy. Third, men might learn to enjoy sexual relationships based on equality. Men who are comfortable relating to women at the same level of maturity and competence will be less likely to exploit children sexually. As men's relations with women change, so will their relations with children.*[217]

Although research is needed to determine how best to prevent the sexual exploitation of children, Finkelhor's general approach is consistent with development and monitoring of media messages about sexuality and gender roles so that children are not perceived as objects of sexual pleasure. It also is compatible with the Board's broader neighborhood-based approach. As Finkelhor has argued, as men take more responsibility for children, "men may well come to identify more closely with children's well-being and learn how to enjoy deeply affectionate relationships that have no sexual component. This step may be one of the most important we need to take toward transforming men from offenders against children to defenders of their well-being."[218]

### 3. Accepting and Valuing the Cultural Heritage of the Child and Family

Part of the richness of our society stems from the variety of peoples that have contributed to our nation's collective culture throughout our history. Our land has been, and continues to be populated by people with very different backgrounds, who have brought different languages, music, foods, values and traditions, While many cultural groups have been assimilated over time, their arrival has often generated conflict and misunderstanding, and racism and prejudice have often been serious obstacles to assimilation when different races are involved. Often children in minority or immigrant families may experience substantial conflict between the traditional culture of their parents and the dominant culture they see all around them in the larger community. This can cause stress, depression and feelings of low self worth.

It is essential for child protective and other human service agencies serving multicultural areas to develop and demonstrate a sense of cultural competence -- a sensitivity, appreciation and understanding of traditions, values and childrearing practices among the cultural groups with which they work.

Cultural competence is in fact important as a matter of ethics. A child-centered child protection system takes cognizance of individual differences, including those related to cultural background. It also shows appreciation of diversity in the range of relationships that children and parents of various cultural backgrounds are apt to regard as fundamental.

Even if respect for cultural differences were not an ethical mandate for workers in the child protection system, it would be important as a practical matter. Design of effective prevention and treatment requires great sensitivity to cultural differences and ability to incorporate such experiences and perspectives into one's own behavior and world-view.

In drawing that conclusion, the Board does not want to leave the impression that child maltreatment is a pattern of behavior endemic to particular cultural groups. Families of color are overrepresented in child protection caseloads,[219] but ethnicity (apart from social class) appears not to be an important causal factor in child abuse and neglect.[220] Rather, families of color are more susceptible to intrusive interventions,[221] and ethnic-minority families also are substantially more likely than white, non-Hispanic families to be subject to poverty.[222]

Concern with culture is an important element of service design for several reasons. ***First*** and most obviously, **if workers do not recognize and accommodate to the cultural significance of communication patterns, family and community boundaries, and helping, disputing, and childrearing practices, services are likely to seem foreign and to be relatively unhelpful**. Without an appreciation of clients' experience, workers are apt to find even the initiation of interventions to be difficult.[223]

This general point is likely to have special significance in a neighborhood-based service system. Such efforts are more likely to be successful if residents believe that they "own" them -- in terms of both decisionmaking control and definition of community needs -- and the means that are chosen to facilitate neighbors' help for each other are culturally compatible.

A good analogy is to segmented marketing.[224] Just as businesses find their message to be more persuasive if they match it to the experiences and needs of particular communities, so too will messages about child protection.

***Second,*** **failure to recognize the richness that comes with diversity may result in overlooking potential solutions to problems of child protection**. An interesting example of the possibilities comes from New Zealand's family group conferences, which we discussed in regard to justice-system reform. In responding to the particular needs of Maori families and communities, the government discovered a process that has proven also to stimulate family and community responsibility for families of European origin. Similarly, ethnic-minority communities' traditional involvement of extended families and neighborhood institutions (e.g., churches) in childrearing[225] may provide clues to workable alternatives to foster care that may fit current socioeconomic conditions in the society as a whole better than the nineteenth-century model on which family foster care is now built. There may be other lessons in some ethnic-minority groups' traditional approach to reconciliation and healing, such as Native Hawaiian ***ho'oponopono*** and American Indian ***talking circles***.[226] The latter provide a way to bring members of an extended family together in a manner that allows each person to contribute to a solution and to be heard with respect.

***Third,*** **because of the central significance of low neighborhood quality and low self-esteem in the factors causing child abuse and neglect, appreciation of cultural diversity may have a direct link to prevention and treatment**. As suggested in statements to the Board,[227] an understanding of their cultural heritage can be an important step for young minority men and women struggling to overcome feelings of disconnectedness, lack of hope, and low self-esteem. Such a step can help to overcome one of the greatest tragedies of prejudice, which is that its victims too often begin to believe its negative messages.

Accordingly, schools, churches, community development agencies, and other neighborhood institutions should take special care to reflect the strengths of the cultures they serve in their teaching materials, staff composition, visual displays, meals, and festivals. Parents and neighborhood leaders of different cultures should be encouraged to share their backgrounds and stories. Reductions in the isolation, low self-esteem, and bitterness that result from racism can be expected also to reduce family instability, alcoholism, and other problems associated with child maltreatment.

***Fourth*** and most subtly (but perhaps also most fundamentally), **national and local commitments to substitute *community* for *division* among racial and ethnic groups may go far toward enhancement of economic opportunities in ways that facilitate growth of a sense of personal control and that provide neighbors with sufficient resources that they are enabled to help each other**. The dominant culture tends to judge minorities by the degree of their "Americanization" -- how well they speak English or whether they speak it at all, and how much they are like "us" in various other ways. The tendency to interpret differences in skin color, appearance, custom, and outlook as "problems" often prevents recognition of differences that could make the society as a whole far richer and more effective. It is plausible that such a perception also deters the investment of money and human resources necessary for economic viability of ethnic-minority neighborhoods.

Cultural competence must be viewed from both an agency and an individual perspective. At an agency level, cultural competence involves more than merely training the staff of one culture to understand the clients of another; it means building a staff which incorporates the major cultures served. Cultural competence is not a substitute for affirmative action in employment; rather it requires such affirmative action. The Board believes cultural competence at an individual level is most likely to result when staff members representing different cultures have the opportunity to sensitize and learn from each other.

## 4. Recommendations

### Recommendation 24

*The new President should act promptly to sign the Convention on the Rights of the Child and should submit it to the Senate with appropriate reservations, understandings, and declarations to adapt the Convention to the American federalist system. The Senate then should act with all deliberate speed to ratify the Convention. Even before the Convention is signed and ratified, States, Tribes, Counties, and municipalities should adopt it as a set of principles to guide their policies affecting children.*

### Recommendation 25

*The various television networks and producers should join in resolving to diminish the level of violence on television. Congress, relevant professional associations, and the general public should join in advocacy for such change.*

### Recommendation 26

*Civic, political, and religious leaders should unite in proclaiming the message that violence, especially violence against children, is an unacceptable means of resolving conflict. Professional associations should join in this message and in education of their members and the general public about nonviolent means of discipline and dispute resolution.*

### Recommendation 27

*Congress should make receipt of Federal funds by any program or facility contingent on prohibition of corporal punishment within it.*

*(The Board reiterates its strong endorsement of Recommendation B-3 in* CREATING CARING COMMUNITIES, supra *note 7.)*

### Recommendation 28

*Every school should emphasize, facilitate, and teach nonviolent approaches to conflict resolution. This philosophy should be reflected in the school's discipline policies, its courses, and its athletic programs. Relevant Federal and State agencies, including the U.S. Department of Education, should stimulate the development, evaluation, and broad-scale implementation of such approaches.*

### Recommendation 29

*The Secretary of Health and Human Services should direct the National Institute of Mental Health, or the National Institute of Child Health and Human Development, to undertake an initiative for research on the relation of public attitudes to the problem of sexual abuse and on means of community change consistent with its prevention. In the meantime, civic, professional, and religious leaders, as well as celebrities in entertainment and sports, should join to promote healthy attitudes toward sexuality and to promote respect between the sexes, particularly by men for women. The media also should make special efforts not to communicate messages that condone or encourage child sexuality or the sexual exploitation of children.*

### Recommendation 30

*Schools, churches, community development agencies, and other community organizations should strengthen their efforts to represent and celebrate the cultures they serve by enlisting parents and community leaders of diverse backgrounds in planning various cultural appreciation events. The goal should be to foster greater appreciation for cultural diversity, including both pride in one's own culture and respect for the cultural backgrounds of others.*

### Recommendation 31

*In all child protection activities, including graduate and professional education, cultural competence should be an emphasis. Efforts should be made to incorporate traditional means of helping and dispute resolution whenever appropriate. Cultural competence should not be a substitute for affirmative action in employment; diligent efforts should be exercised to build a staff that represents the neighborhoods and cultures served.*

## G. *ELEMENT 5:* STRENGTHENING AND BROADENING THE BUILDING OF KNOWLEDGE ABOUT CHILD MALTREATMENT

### 1. The Need for Federal Leadership in Research

Research to guide child protection policy and practice has been so limited that important decisions -- decisions that sometimes are of life-or-death significance -- often are based "**on mere hunches.**"[228] The lack of strong Federal leadership in research on child abuse and neglect -- as manifested by problems in both the level of investment and the quality of research management -- has been a matter of continuing concern to the Board. The Board has emphasized that a high priority should be placed on the improvement of the Federal effort in the generation and diffusion of knowledge about child abuse and neglect, including:

- the establishment of new, appropriately funded programs for research and research training;

- the development of a data system sufficient to provide an accurate, uninterrupted, comprehensive picture of the problem of child maltreatment, as well as the response to it, throughout the Nation, and

- the implementation of structures and procedures for research management consistent with the expectations of the scientific community.[229]

In preparation for this report, the Board commissioned six comprehensive reviews and analyses of empirical research relevant to the creation of a comprehensive child-centered, family-focused, neighborhood-based child protection system.[230] In the summer of 1991, the Consortium on Children, Families, and the Law, a group of interdisciplinary centers affiliated with universities and professional associations across the United States, conducted a symposium to consider the key elements in the Board's strategy.[231] Meanwhile, the American Psychological Association commissioned several work groups to study the state of knowledge and practice in different domains related to child protection.[232]

These reviews by leading scholars in the field have produced a dismaying list of gaps in knowledge germane to the strategy that the Board is proposing:

- Evaluations of neighborhood-level interventions are largely unavailable.

- The mechanisms for effects of neighborhood quality (apart from social class) on rates of child maltreatment are largely unstudied.

- Little research is available on the effects of different neighborhood patterns (e.g., "old," often ethnically homogeneous urban neighborhoods in the Northeast versus more diverse and often less densely populated neighborhoods in Western metropolitan areas) and community composition on family functioning and support in general and child maltreatment in particular.

- Few studies of cultural issues related to child maltreatment disentangle race or ethnicity from social class, examine cultural groups within racial groups, or link particular cultural practices or values to child maltreatment, including "protective factors" that diminish the likelihood of maltreatment.

- Few studies have directly assessed "the nature of the social isolation of maltreating families, the dimensions of social support that are likely to prove most beneficial to them, the interpersonal resources they can draw on, or the efficacy of social support interventions."[233]

- Little is known about the perceptions that maltreated children and their parents have of the child protection system; indeed, few studies are available of maltreated children's experience of their environment at all.

Some of these gaps in knowledge have remained huge because of Federal policy that in practice virtually excluded support in recent years for research on cultural, social, and economic factors related to child maltreatment and other important social problems. The Board is pleased to note that there are some signs of reversal of this policy (e.g., greater breadth and sophistication in the research priorities of the National Center on Child Abuse and Neglect[234]; pending initiatives in the Public Health Service for research on violence). Much larger strides are needed, though, and the Board hopes that the new Administration will place due emphasis on generation of knowledge necessary for effective provision of social and material supports for prevention and treatment of child abuse and neglect.

### 2. The Need for a Child-Centered Approach to Research

Although societal and neighborhood research should be emphasized, researchers and policymakers also should adopt a more psychologically-minded (child-centered) approach. They should learn about children's experiences in both existing and demonstration programs and systems, and they should consider the effects of child protection policies and practices on relationships important to children and on other variables identified as important by children themselves.

In consideration of research topic, design, and conclusions, care should be taken to ensure the consultation of neighborhood residents. Although there is special reason to learn about children's own experiences in the child protection system, that fact should not obscure the need to consider the opinions of other constituencies who might be affected by research -- caseworkers, parents, foster parents, and so forth.

More generally, an experimental attitude should be adopted. Although existing knowledge gives ample reason to believe that fundamental change is needed in the child protection system, the gaps in knowledge are large enough that the process of reform should be incremental. In that connection, the Board's recommendation in regard to Prevention Zones -- our #1 recommendation in this report -- is important in part because such model neighborhoods would offer opportunities to test ideas about the critical steps in preventing child maltreatment.

Dramatic action is necessary to alleviate the national emergency, but diligence and zeal need not preempt care. Child protection is important enough to demand extraordinary effort, including extraordinary care to ensure the quality of programs for child protection. Evaluation should become routine. Resources should be set aside for that purpose, and "fine-tuning" of State and community child protection plans to respond to evaluation findings should be ongoing.

### 3. Recommendations

#### Recommendation 32

*Federal agencies should ensure that child protection activities supported with Federal funds are subjected to rigorous evaluation, that funding decisions about demonstration grants are based in part on the proposed projects' potential contribution to knowledge, and that findings of such studies are applied in the design and implementation of programs in the child protection system.*

#### Recommendation 33

*In collaboration with other Federal agencies as relevant, the National Institute of Mental Health should solicit research, including research demonstrations, to clarify the relationships among social support, material support, culture, and child maltreatment.*

#### Recommendation 34

*Relevant Federal agencies should encourage research that assesses (1) children's, parents', neighbors', and workers' own experience of the context in which child maltreatment occurs and (2) their perceptions of the systemic responses to the problem.*

---

## ENDNOTES

[62] The Board's emphasis in this regard is compatible with the broader family support, family preservation, and child welfare reform movements currently occurring within American social welfare. *See infra* Section IV.

[63] James *Garbarino et al., No Place to Be a Child: Growing Up in a War Zone 149 (1991).*

[64] *See, e.g.*, Garbarino & Sherman, *supra* note 1; Garbarino & Kostelny, *supra* note 42.

[65] *See generally* James Garbarino et al., Children in Danger: Coping with the Consequences of Community Violence (1992); *see also* Eleanor E. Maccoby et al., *Community Integration and the Social Control of Delinquency, in* Prevention of Delinquency: Problems and Programs 300 (1968) (showing relation between neighborhood cohesiveness and the rate of juvenile delinquency).

[66] Families First: Report of the National Commission on America's Urban Families 1 (Jan. 1993).

[67] For example, Parents Anonymous of New Jersey and the Urban Women's Center are collaborating with support from the New Jersey children's trust fund to establish a safety zone in the west ward of Trenton.

[68] Unrelated adults can have a powerful effect on children's development. *See* Moncrieff Cochran et al., Extending Families: The Social Networks of Parents and their Children (1990); Moncrieff Cochran & Jane Brassard, *Child Development and Personal Social Networks*, 50 Child Dev. 609 (1979).

[69] The importance of stable and cohesive neighborhoods with strong leadership was demonstrated during the riot in Los Angeles. Hispanic communities in east Los Angeles effectively mobilized to prevent the spread of violence and looting to their neighborhoods. Ruben Castaneda & Al Kamen, *Roots Were East Side's Riot Shield: Established Hispanic Neighborhoods Mobilized to Avert L.A. Violence*, Wash. Post, May 5, 1992, at A1. Local civic and business leaders "took up not guns but telephones" and called residents "to urge them to keep themselves and their young people inside and to call others with the same message." *Id.* at A11.

[70] Clarence Schubert, Testimony Before the U.S. Advisory Board on Child Abuse & Neglect at a Hearing in Chicago on *International Perspectives on a New Strategy for Child Protection in the United States* (Aug. 29, 1992).

Neighborhoods in the United States also have a history of pooling resources to develop a foundation for economic development. *See* Murray Levine & Adeline Levine, *The Historical Context: Lessons from the Settlement House Movement and the War on Poverty, in* Toward a Child-Centered, Neighborhood-Based Child Protection System (Gary B. Melton ed., forthcoming).

[71] David A. Wolfe, The Role of Intervention and Treatment Services in the Prevention of Child Abuse and Neglect 81 (1992). *Cf.* Timothy F. J. Tolson & Melvin N. Wilson, *The Impact of Two- and Three-Generational Black Family Structure*

*on Perceived Family Climate*, 61 Child Dev. 416 (1990) (showing significance for child development of a second adult in the home in African-American families).

[72] The historic settlement house programs used clubs that focused on men's interests in vocations and skills (e.g., home repairs) useful in building investment in their homes and neighborhoods. Levine & Levine, *supra* note 70, at ___.

[73] The majority of female-headed households with children present live in poverty. Census, *supra* note 11, at 458, table no. 722. *Cf.* Richard J. Gelles, *Child Abuse and Violence in Single-Parent Families: Parent Absence and Economic Deprivation*, 59 Am. J. Orthopsychiatry 492 (1989) (poverty is related to abuse by single mothers but not single fathers).

[74] *See* Janet M. Fitchen, Endangered Spaces, Enduring Places: Change, Identity, and Survival in Rural America 40-43 (1991).

[75] The median age of Americans rose by almost 10% during the 1980s. Census, *supra* note 11, at 14, table no. 12.

[76] Organization of activities around developmental transitions is discussed in more detail in Section V *infra*.

[77] Garbarino & Kostelny, *supra* note 18; Pelton, *supra* note 39.

[78] Dirk Johnson, *As Town Fights to Live, Experts Get a Lesson*, N.Y. Times (Aug. 1, 1992), at 1.

ACORN, a national association begun in Arkansas to organize impoverished communities, is an interesting example of the principle of economic development coupled with social welfare. ACORN has sustained itself in large part through the development of small businesses and other member-run fundraising activities.

For an overview of the effects of various development strategies on community economy, see Christopher Gunn & Hazel Dayton Gunn, Democratic Initiatives and Community Development 25-36 (1991).

[79] Isabel Wolock & Bernard Horowitz, *Child Maltreatment and Material Deprivation Among AFDC Recipient Families*, 53 Soc. Serv. Rev. 175 (1979).

[80] Bernard Horowitz & Isabel Wolock, *Material Deprivation, Child Maltreatment, and Agency Intervention Among Poor Families*, *in* The Social Context of Child Abuse and Neglect 137 (Leroy H. Pelton ed. 1981

[81] Children's Defense Fund, The State of America's Children 1992 (1992), at 35-37.

[82] *See* Pelton, *supra* note 39, at 24-27.

[83] Children's Defense Fund, *supra* note 81, at 37-38.

[84] Leroy Pelton, *Poverty and Child Protection*, Protecting Children (Winter 1990-91), at 3, 4 and citations therein.

[85] Pelton, *supra* note 39, at 26-27, and citations therein; *cf.* Alan Meyers et al., *Public Housing Subsidies May Improve Poor Children's Nutrition*, 83 Am. J. Pub. Health 115 (1993).

[86] Levine & Levine, *supra* note 70, at ___.

[87] Wesley G. Skogan, Community Organizations and Crime, in 10 Crime and Justice: A Review of Research 39 (Michael Tonry & Norval Morris eds., 1988); Wesley G. Skogan, *Communities, Crime, and Neighborhood Organization*, 35 Crime & Delinq. 437 (1989).

[88] *See* Albert J. Reiss & Jeffrey A. Roth, Understanding and Preventing Violence 147-51 (1993) (report of the National Research Council).

[89] Susan F. Bennett & Paul J. Lavrakas, *Community-Based Crime Prevention: An Assessment of the Eisenhower Foundation's Neighborhood Program*, 35 Crime & Delinq. 345 (1989).

[90] *The Board notes that the Empowerment Zone concept proposed by the U.S. Department of Housing and Urban Development appears to contain important elements related to this recommendation and may have potential as a vehicle for its implementation.*

[91] Wolfe, *supra* note 71, at Executive Summary 2 (included in app. C, this report).

[92] *Id.*

[93] *Id.* at 2-3.

[94] Parenting classes become the disposition of choice as caseloads rise. Kamerman & Kahn, *If CPS Is Driving Child Welfare, Where Do We Go from Here?*, *supra* note 24, at 42.

[95] Pelton, *supra* note 84, at 4; *see also supra* note 24.

[96] *See, e.g.*, The Effects of Child Abuse and Neglect: Issues and Research (Raymond H. Starr Jr. & David A. Wolfe eds. 1991); Theory and Research, *supra* note 4, at 377-721; Jeffrey J. Haugaard & N. Dickon Reppucci, The Sexual Abuse of Children 60-100 (1988)

[97] *See, e.g.*, Panel, *supra* note 4, at 7:16; Anthony M. Graziano & Joseph R. Mills, *Treatment for Abused Children: When Is a Partial Solution Acceptable?*, 16 Child Abuse & Neglect 217 (1992).

[98] Wolfe, *supra* note 71, at 4 (emphasis added). A panel of the National Research Council reached similar conclusions. Panel, *supra* note 4, at 7:3-7:4.

[99] Pelton, *supra* note 84, at 3-4.

[100] *See, e.g.*, Howard Dubowitz et al., *Inflicted and Noninflicted Injuries: Differences in Child and Familial Characteristics*, 57 Am. J. Orthopsychiatry 525, 528 (1987).

[101] Beyond Rhetoric, *supra* note 12, at 295-96.

[102] The Board does disagree with some of the specific provisions of the APWA/National Commission plan. Notably, families would need to enter CPS in order to obtain intensive crisis services, which then would be mandatory. *Id.* at 297. This approach seems to negate the preference for easy access to voluntary services.

The commissions also seemed to rely on the existence of less restrictive, voluntary services to decrease the emphasis on investigation that exists in the current system. As indicated in Section III(D) *infra*, the Board believes that justice-system reform is also needed if child welfare reform is to work.

[103] Gordon Evans, Foster Care Facts and Figures (Jan. 1993).

[104] In Nebraska, for example, about one-third of foster children have spent the majority of their lives in foster care. Ed Russo, *Stress and Lack of Support Are Driving Foster Parents Away*, Lincoln Journal-Star, Dec. 22, 1991, at 1A.

[105] Charles Gershenson, Statement Before the U.S. Advisory Board on Child Abuse and Neglect at a Symposium on Family Foster Care (Jan. 8, 1992).

[106] Foster care reimbursement rates are typically about $300 per month, although several States fail to reimburse even $200 for infants and toddlers. Gordon Evans, Foster Care Monthly Maintenance Rates (n.d.). By contrast, the average expenditure on a child by middle-income parents in 1991 was between $533 and $648 per month, depending on the child's age. Family Economics Research Group, Expenditures on a Child by Families, 1991 (1992) (publication of the U.S. Department of Agriculture).

[107] This disparity has been the subject of litigation as kinship care has increased. *See, e.g.*, Miller v. Youakim, 440 U.S. 125 (1979); Lipscomb v. Simmons, 962 F.2d 1374 (9th Cir. 1992); King v. McMahon, 230 Cal. Rptr. 911 (App. 1986); Waits v. Swoap, 524 P.2d 117 (Cal. 1974); *In re* Doe Children, 827 P.2d 1144 (Hawaii 1992). Should an aunt caring for her niece or nephew as a foster child receive the AFDC payment that the child's mother received or the reimbursement that other foster parents receive? That the question arises raises stark questions about the significance of poverty in families in which maltreatment occurs and about public attitudes toward foster families and poor and maltreated children and their parents.

[108] Sue Dondiego, Statement at a Symposium on Family Foster Care (Jan. 8, 1992), at 4.

To facilitate a more positive relation with foster parents, New Jersey's Division of Youth and Family Services contracted with the State's foster parents association to employ foster parent support workers in their district offices.

[109] Evans, *supra* note 103.

[110] *See supra* note 106.

[111] Gordon Evans, America's Foster Care System: In Crisis 3 (n.d.).

[112] National Comm'n on Fam. Foster Care, A Blueprint for Fostering Infants, Children, and Youths in the 1990s (1991), at 30. In this and subsequent quotes from the Commission report, "youths" has been changed to "youth."

[113] *Id.* at 39-41.

[114] *Id.* at 3.

[115] *Id.* at 31.

[116] For a model of such procedures, see Daniel L. Daly & Thomas P. Dowd, *Characteristics of Effective, Harm-Free Environments for Children in Out-of-Home Care*, 71 Child Welf. 487 (1992).

[117] *See* Miriam Longino, *Kinship Care: Keeping It in the Family*, The Connection [newsletter of the Nat'l CASA Ass'n] (Spring 1991), at 1; Mary Ann Takas, *Developing Child Protection Systems with Extended Family Strengths*, Children's Legal Rts. J. (Summer 1992), at 27. *See also* Kathleen J. Sternberg, *Child Maltreatment: Implications for Policy from Cross-Cultural Research*, *in* Child Abuse, Child Development, and Social Policy 191, 206-07 (Dante Cicchietti & Sherree L. Toth eds., 1993) (describing Isreali "afternoon clubs," a form of partial foster care).

[118] Krista M. Nelson, *Fostering Homeless Children and Their Parents, Too: The Emergence of Whole-Family Foster Care*, 71 Child Welf. 575 (1992).

[119] In Los Angeles County, over half the 34,000 children in placement because of abuse or neglect are placed with relatives.

[120] A committee of the National Council of Juvenile and Family Judges has estimated that 18% of total child protection caseloads result in court action. Metropolitan Court Judges Committee, Deprived Children: A Judicial Response--73 Recommendations 6 (1986).

[121] *See* Gary B. Melton, Foreign Innovations in Dispute Resolution in Matters Related to Juvenile Justice and Child Protection 11-19 (1992) (report to the Judicial Council of California), and citations therein. Practical descriptions of the New Zealand family group conferences can be found in Richard Wilcox et al., Family Decision Making/Family Group Conferences: Practitioners' Views (1991).

[122] *See* Melton, *supra* note 121, at 7-11 and citations therein. The system is succinctly described in a monograph by the Scottish Office, Twenty One Years of Children's Hearings (1992).

[123] *See, e.g.*, Howard A. Davidson, *Improving the Judicial Handling of Civil Child Maltreatment Cases, in* Families in Court 78-80 (Meredith Hofford ed., 1989); Bernard Mayer, *Mediation in Child Protection Cases: The Impact of Third-Party Intervention on Parental Compliance Attitudes*, Mediation Q., Summer 1989, at 89; Margaret Shaw & W. Patrick Phear, *Innovation in Dispute Resolution: Case Status Conferences for Child Protection and Placement Proceedings in the State of Connecticut*, 29 Fam. & Conciliation Cts. Rev. 270 (1991); Nancy Thoenes, *Mediation and the Dependency Court: The Controversy and Three Courts' Experience*, 29 Fam. & Conciliation Cts. Rev. 246 (1991).

[124] *See generally* Nat'l Inst. Just. J., Aug. 1992 (symposium issue on community policing); Jerome H. Skolnick & David H. Bayley, *Theme and Variation in Community Policing, in* 10 Crime and Justice: A Review of Research (pp. 1-37) (Michael Tonry & Norval Morris eds., 1988) (describing community policing efforts in various jurisdictions in the United States and abroad).

[125] Skolnick & Bayley, *supra* note 124, at 10.

[126] *Id.*

[127] *Bennett & Lavrakas, supra* note 89.

[128] Milton S. Eisenhower Foundation, Youth Investment and Community Reconstruction: Street Lessons on Drugs and Crime for the Nineties: Executive Summary 10 (1990).

[129] *Id.* (emphasis in the original).

[130] *Id.* at 11. Consistent with the general strategy proposed by the Foundation, it proposed establishment of a Youth Investment Corporation with $500 million startup.

[131] *See, e.g.*, Douglas J. Besharov, Child Abuse and Neglect Reporting and Investigation: Policy Guidelines for Decision Making 6-7 & 15 (1988) (report of a consensus conference sponsored by the American Bar Association, the American Enterprise Institute, and the American Public Welfare Association, recommending greater specificity in standards for child abuse and neglect, with a limitation of reports to cases in which serious harm has or could have occurred).

[132] The Board recognizes that the helping function of CPS has been rejuvenated in some jurisdictions, as was illustrated by our visit to Hennepin County, Minnesota. At the same time, though, the Board believes that the policy structures that result in the overemphasis on investigation must be changed if sustained, large-scale improvement in the level of protection for children is to occur.

[133] *See, e.g.*, Gail S. Goodman et al., *Testifying in Criminal Court*, 57 (No. 5) Monographs of the Soc'y for Research in Child Dev. 1 (1992); Gail S. Goodman et al., *Child Witneses and the Confrontation Clause: The American Psychological Association Brief in* Maryland v. Craig, 15 Law & Hum. Behav. 13 (1990); Desmond K. Runyan et al., *Impact of Legal Intervention on Sexually Abused Children*, 113 J. Pediatrics 647 (1988). Although the civil (family court) process appears to be relatively benign, the dispositions that the court may adopt also carry risks. *See* Gary B. Melton, *Child Protection: Making a Bad Situation Worse?*, 35 Contemp. Psychol. 213 (1990) (reviewing Protecting Children from Abuse and Neglect (Douglas Besharov ed., 1988) and Michael S. Wald et al., Protecting Abused and Neglected Children (1988)).

[134] *See, e.g.*, Gary B. Melton, *Children as Partners for Justice: Next Steps for Developmentalists*, 57 (No. 5) Monographs of the Soc'y for Research in Child Dev. 153 (1992); James M. Peters et al., *Why Prosecute Child Abuse?*, 34S. Dak. L. Rev. 649 (1989).

[135] As noted *supra*, law enforcement officers involved in community policing often know families on their beats well enough to know when help is needed, and they often are trusted enough that they can offer considerable direct support to children and families. As also discussed *supra*, the justice system can play an important role in building neighborhood responsibility and cohesion.

[136] In cases of the third type, the principal purpose of court action is to pursue the societal interest in retribution. It is likely, however, that such serious cases of abuse are ones in which the societal interest in the pursuit of justice is compatible with the child victim's interests. *See* Peters et al., *supra* note 134.

[137] *See supra* note 50.

[138] *See, e.g.*, Richard Famularo et al., *Parental Compliance in Court-Ordered Treatment Interventions in Cases of Child Maltreatment*, 13 Child Abuse & Neglect 507 (1989); Ana M. Irueste-Montes & Francisco Montes, *Court-Ordered Versus Voluntary Treatment of Abusive and Neglectful Parents*, 12 Child Abuse & Neglect 33 (1988); David Wolfe et al., *The Importance of Adjudication in the Treatment of Child Abusers: Some Preliminary Findings*, 4 Child Abuse & Neglect 127 (1980).

[139] *See, e.g.*, David B. Wexler & Bruce J. Winick, Essays in Therapeutic Jurisprudence (1991); Jeffrey A. Klotz et al., *Cognitive Restructuring Through Law: A Therapeutic Jurisprudence Approach to Sex Offenders and the Plea Process*, 15 U. Puget Sound L. Rev. 579 (1992).

[140] *But see* Seth Kalichman & Cheryl L. Brosig, *The Effects of Statutory Requirements on Child Maltreatment Reporting: A Comparison of Two State Laws*, 62 Am. J. Orthopsychiatry 284 (1992).

[141] See Ross Eatman & Josephine Bulkley, Protecting Child Victim/Witnesses: Sample Laws and Materials (1986).

[142] Melton, supra note 134.

[143] The controversy about the proper role of guardians ad litem is discussed and guidance for attorneys working with children is provided in John E. B. Myers & Nancy W. Perry, Child Witness Law and Practice 1-52 (1987). *Cf.* Gary B. Melton & Susan Limber, *Psychologists' Involvement in Cases of Child Maltreatment: Limits of Role and Expertise*, 44 Am. Psychologist 1225 (1989) (discussing the psychology and ethics of interaction with parties in child protection cases).

*See also* Beth Waid, *Perspective*, The Connection [Newsletter of the National CASA Association] (Spring 1991), at 2 (lamenting the frequency with which, contrary to law, guardians ad litem are not appointed in civil child protection cases).

[144] Donald N. Duquette & Sarah H. Ramsay, *Representation of Children in Child Abuse and Neglect Cases: An Empirical Look at What Constitutes Effective Representation*, 20 U. Mich. J. L. Reform 341 (1987).

[145] *See* Office of Juvenile Justice and Delinquency Prevention, *CASA: Court Appointed Special Advocate for Children...A Child's Voice in Court*, Juv. Just. Bull. No. NCJ 111392 (1987 & update).

[146] Larry Condelli, National Evaluation of the Impact of Guardians ad Litem in Child Abuse or Neglect Judicial Proceedings: Executive Summary (n.d).

[147] Much has been learned about children's understanding of legal concepts and their skills as witness. Unfortunately, though, experimental research on the effects of various procedures or programs on children's satisfaction with the legal process is nonexistent. For a review, see Gary B. Melton, *Children as Legal Actors, in* Handbook of Psychology and Law 275 (Dorothy K. Kagehiro & William S. Laufer eds., 1991); *see also* Melton, *supra* note 132. Legislative authority for such work now exists in the Missing Children's Assistance Act, 42 U.S.C. § 5775(a)(6).

For a discussion of the significance, pursuant to the U.N. Convention on the Rights of the Child, for child protection efforts of a concern with children's dignity, see Gary B. Melton, *Preserving the Dignity of Children Around the World: The UN Convention on the Rights of the Child*, 15 Child Abuse & Neglect 343 (1991).

[148] *See* American Bar Ass'n President's Working Grp. on the Unmet Legal Needs of Children & Their Families, America's Children at Risk: A National Agenda for Legal Action (1993).

[149] Of course, such factors also often are involved even in maltreatment that is fully intentional.

[150] *See, e.g.*, Malcolm Bush & Andrew C. Gordon, *Client Choice and Bureaucratic Accountability: Possibilities for Responsiveness in a Social Welfare Bureaucracy*, 34 (No. 2) J. Soc. Issues 22 (1978); Malcolm Bush et al., *Evaluating Child Welfare Services: A Contribution from the Clients*, 51 Soc. Serv. Rev. 491 (1977). High caseloads, combined with the need to spend most time on investigations and related paperwork, often prevent caseworkers from frequent contact with children in their charge. *See* House Select Comm. on Children, Youth, & Families, Abused Children in America: Victims of Official Neglect 84-87 (1987).

[151] Although turnover is reduced by strong training, supervision, and other staff support programs, staff vacancies in CPS as a result of worker resignations are a major problem in many States. *See, e.g.*, Letter from Jane Mellgren, personnel officer, Nebraska Department of Social Services (Dec. 15, 1992) (indicating that turnover in CPS in Nebraska has averaged about 50% higher than in other DSS units, although the discrepancy may have been eliminated after an intensive pre-service training program was instituted).

[152] The child's guardian is also often the parents' caseworker, so that the guardian has multiple "clients." Moreover, the guardian may be constrained by agency policy from obtaining or even advocating for particular services that he or she believes to be in the child's best interests. Even when there is no conflict in principle, the fact that guardians sometimes have many wards and other responsibilities means that they often cannot devote the time needed to know individual children well. *See supra* note 150.

[153] This right has been recognized by the international community in the U.N. Convention on the Rights of the Child, art. 12. It underlies the need for redesign of the justice system to ensure that children are partners--rather than objects--in legal actions that result in whole or in part from the maltreatment that they are known or alleged to have experienced.

[154] The requirement that States exercise reasonable efforts to achieve permanency for the child is found in 42 U.S.C. § 671(a)(15).

[155] National Coun. of Juv. & Fam. Ct. Judges, Child Welf. League of Am. Youth Law Ctr., & Nat'l Ctr for Youth L., Making Reasonable Efforts: Steps for Keeping Families Together 8 (n.d.) [hereinafter National Council].

[156] *See* Mark Hardin, Reinventing the Juvenile Court Dependency Unit (June 1992) (paper presented in San Francisco at a symposium of the Consortium on Children, Families, and the Law and the Committee on Family Relations, 2020 Vision Project, Judicial Council of California).

[157] *See, e.g.*, Standards of Judicial Administration Recommended by the Judicial Council of California, Cal. Ct. R. app. div. 1 R. 24 (West 1993); National Council, *supra* note 153, at 41-59; National Council of Juvenile and Family Court Judges, Protocol for Making Reasonable Efforts to Preserve Families in Drug-Related Dependency Cases (1992); *Families in Court: Recommendations from a National Symposium, in* Families in Court 1, 6 Recommendation 8(B) (Meredith Hofford ed., 1989) (symposium sponsored by the National Council of Juvenile and Family Court Judges, the American Bar Association Center on Children and the Law, the National Center for State Courts, and the National Judicial Council);

Leonard P. Edwards, *The Juvenile Court and the Role of the Juvenile Court Judge*, 43 JUV. & FAM. CT. J., No. 2 (1992), at 1, 25-32. *See also* Melton, *supra* note 20, at ___ (recommending an activist stance of community leadership and corollary changes in court structure as means of development of community responsibility for the welfare of children).

[158] The support for the courts included in proposed family preservation legislation, H.R. 2141 (1993), tit. 13212, would be a step in the right direction.

[159] Of course, provision also needs to be made for accountability of the court itself. For example, Judge Betty Friedlander of the New York Family Court (Ithaca) has instituted a series of procedures in her court that are designed to build citizen confidence in the court, ensure its accountability, and provide for vigorous advocacy for children. With as much openness as possible, she has provided for ongoing citizen review of her court (in part through a formal advisory board), and she has maintained frequent reviews of all children in foster care, including those who had been placed voluntarily by their parents. She insists on zealous representation of children, including continuing access by and to an attorney as long as the child is under court jurisdiction. Although the increased cost of representation was resisted initially by State authorities, the legislature ultimately instituted full hearings, including post-disposition reviews, on all voluntary placements, because such hearings and the advocacy that they engendered appeared to reduce the use of foster care and, therefore, the expenditures by the State. Betty Friedlander, Remarks to a Symposium of the Consortium on Children, Families, and the Law at the State University of New York at Buffalo (July 11, 1992).

[160] A preference for diversion of most child protection cases from the courts has been expressed by many judicial commentators. *See, e.g.*, Edwards, *supra* note 157, at 13, 27, and citations therein. Advocates of that position tend also to argue, however, that the court should supervise or at least monitor the alternative system of dispute resolution and the dispositions that result from it. *Id.* Accordingly, a policy promoting diversion can facilitate the investment of time necessary for courts to assume roles of leadership and monitoring in the child protection system. At the same time, such a policy should diminish the allocation of an unduly large proportion of caseworkers' time to court proceedings and related investigation and preparation.

[161] *See* Youngberg v. Romeo, 457 U.S. 307 (1982); *see also* Melton, *supra* note 147 (discussing the significance for child protection of the U.N. Convention on the Rights of the Child).

[162] DeShaney v. Winnebago Co. Dep't of Soc. Servs., 489 U.S. 189 (1989).

[163] Suter v. Artist M., 112 S.Ct. 1360 (1992).

[164] 489 U.S. at 212-13 (Blackmun, J., dissenting). Justice Blackmun's righteous approach to the problem of child maltreatment was seen again in his dissent in *Artist v. Suter M.*, in which he reminded his colleagues that "after all, we are dealing with children." 112 S.Ct. at 1377.

[165] Such a provision was included in the family preservation bill that Congress passed in conjunction with the urban aid package and other costly programs late in 1992, but President Bush vetoed the bill (primarily because of objection to other provisions). Perhaps even more disturbing than the decision in *Artist M.* was that the United States (under the Bush Administration) and the Attorneys General of many of the States filed amicus curiae briefs urging the Supreme Court to find no private right of action under the Adoption Assistance and Child Welfare Act.

[166] Perhaps the most important functions of the Federal courts have been to protect the rights of powerless and vulnerable groups and to express the moral values embedded in the Constitution. *See, e.g.*, JOHN ELY, DEMOCRACY AND DISTRUST (1980); Robert A. Burt, Pennhurst: *A Parable, in* IN THE INTEREST OF CHILDREN: ADVOCACY, LAW REFORM, AND PUBLIC POLICY 264, 336-51 (Robert H. Mnookin ed., 1985); *cf.* Gary B. Melton & Michael J. Saks, *The Law as an Instrument of Socialization and Social Structure, in* 33 NEB. SYMP. ON MOTIVATION: THE LAW AS A BEHAVIORAL INSTRUMENT 235, 251-68 (Gary B. Melton ed. 1985) (describing the effects of law as a moral educator announcing the norms of the community). Recognizing this point in other contexts, Congress has acted to establish legal advocacy groups and to provide such agencies or the U.S. Department of Justice with standing to file actions on behalf of vulnerable populations. *E.g.*, Civil Rights of Institutionalized Persons Act, 42 U.S.C. §§ 1977 *et seq.*; Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. §§6000 *et seq.*; Protection and Advocacy for Mentally Ill Individuals Act, 42 U.S.C. §§ 10801 *et seq.*

[167] *Pub. L. No. 102-586, § 285(b)(2)(F), 106 Stat. 4891, 5008 (1992) (to be codified at 42 U.S.C. § 5667c(b)(2)(F)).*

[168] *See, e.g.*, MÅLFRID GRUDE FLEKKØY, A VOICE FOR CHILDREN: SPEAKING OUT AS THEIR OMBUDSMAN (1991); Gary B. Melton, *Lessons from Norway: The Children's Ombudsman as a Voice for Children*, 23 CASE W. RES. J. INT'L L. 197 (1991); Models for Monitoring the Protection of Children's Rights (Målfrid Grude Flekkøy ed., 1991) (reporting the work of a UNICEF study group).

[169] In that regard, the Supreme Court's assumption that school disciplinary practices are fully open to public scrutiny--an assumption that underlay the Court's holding that severe corporal punishment by school officials does not violate the Eighth Amendment; *Ingraham v. Wright*, 430 U.S. 651, 670 (1975)--may have been disingenuous.

[170] Paul Lerman, Child Protection and Out-of-Home Care: System Reforms and Regulating Placements 90-137 (1992) (paper prepared for the U.S. Advisory Board on Child Abuse and Neglect). The Board recognizes that the rate of child

maltreatment in out-of-home settings appears to be lower than in families. Nonetheless, the State bears an affirmative duty to ensure the safety of settings in which children are in State custody (e.g., foster care) or in which State care or control is exercised (e.g., schools and day care centers).

[171] Daly & Dowd, *supra* note 116..

[172] Lerman, *supra* note 170, at 128-32. *See, e.g.*, David Fanshel et al., *Foster Children in Life-Course Perspective: The Casey Family Program Experience*, 68 Child Welf. 467 (1989); David Fanshel et al., *Modes of Exit from Family Foster Care and Adjustment at Time of Departure of Children with Unstable Life Histories*, 68 Child Welf. 391 (1989).

[173] *See, e.g.*, David Finkelhor et al., Nursery Crimes: Sexual Abuse in Day Care (1988); Leslie Margolin, *In their Parents' Absence: Sexual Abuse in Child Care*, Violence Update, May 1993, at 1; Nolan Rindfleisch & Michael Nunno, *Progress and Issues in the Implementation of the 1984 Out-of-Home Care Protection Amendment*, 16 Child Abuse & Neglect 693 (1992); Lerman, *supra* note 170, at 105-09. The majority of States do not report data on suspected child abuse and neglect and its rate of substantiation in institutional settings. *Id.* at 99-100.

[174] Broadening the standards for licensure of day care programs has been shown to increase the quality of care. Deborah Phillips et al., *The Social Policy Context of Child Care: Effects on Quality*, 20 Am. J. Community Psychol. 25 (1992).

[175] Daniel Hogan, *The Effectiveness of Licensing: History, Evidence and Recommendations*, 7 Law & Hum. Behav. 117 (1983).

[176] *See, e.g.*, Professional Responsibilities, *supra* note 30.

[177] Programs of concern include, among others, educational and child care programs for military dependents and Native Americans, detention facilities for minors who are undocumented aliens, and correctional facilities for juveniles accused or convicted of Federal offenses.

[178] *See, e.g.*, Flores v. Meese, 681 F. Supp. 665 (C.D. Del. 1988), *rev'd sub nom.* Flores by Galvez-Maldonada v. Meese, 934 F.2d 991 (9th Cir. 1991), *reinstated en banc*, 942 F.2d 1352 (9th Cir. 1991), *rev'd sub nom.* Reno v. Flores, 113 S.Ct. 1439 (1993). *See especially* 681 F. Supp. at 666-67 (describing routine strip searches of juvenile aliens detained by the Immigration and Naturalization Service) *and* 113 S.Ct. at 1460 (dissenting opinion) (noting concession by the INS that juvenile aliens had been confined in "deplorable" conditions).

[179] *As the Board uses the term, the child protection system* includes but is not limited to Child Protective Services (CPS) or State and County child welfare agencies. Other components of the child protection system include law enforcement (including prosecutors), education, public health, mental health, court, and private non-profit agencies and organizations--all of the sectors of society that are or should be involved in (a) the prevention, investigation, adjudication, or treatment of child abuse and neglect or (b) the development and diffusion of knowledge necessary to fulfill such functions.

[180] By recognizing collective responsibility for the protection of children, the Board took steps in the first two recommendations of its first report toward a conceptualization of the child protection system as ultimately coextensive with society as a whole:

1. *The Board urges each citizen to recognize that a serious emergency related to the maltreatment of children exists within American society and to join with all other citizens in resolving that its continued existence is intolerable.*

2. *The Board urges each citizen to demand that his or her elected officials at all levels publicly acknowledge that the American child protection emergency exists and, having so acknowledged this emergency, take whatever steps are necessary...to rehabilitate the nation's child protection system.* Emergency, *supra* note 4, at 44.

Consistent with its view of the personal responsibility of all adults, the Board's recommendations extended beyond government and the formal service system to the media and voluntary, religious, civic, philanthropic, and business organizations.

[181] Creating Caring Communities, *surpa* note 7, at 147.

[182] Pelton, *supra* note 84, at 4.

[183] Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992, Pub. L. 102-295, 106 Stat. 187.

[184] This situation would be rectified in part by adoption of pending Federal legislation for support of family preservation services.

[185] *See* David S. Hargrove & Gary B. Melton, *Block Grants and Rural Mental Health Services*, 8 J. Rural Comm. Psychol. 4 (1987).

[186] Creating Caring Communities, *supra* note 7, at 151.

[187] The Board's own recommendation, *id.* at 130-34, was for multiple funding streams that are blended at the Federal level as the product of a single State plan ("one-stop shopping") integrating diverse elements of a comprehensive child protection system.

[188] General Accounting Office, Integrating Human Services: Linking At-Risk Families with Services More Successful than System Reform Efforts (Sept. 1992).

[189] *See, e.g.*, Family Impact Seminar, Coordination, Collaboration, Integration: Strategies for Serving Families More Effectively (1990); Inspector Gen., Dep't of Health & Hum. Servs., Services Integration: A Twenty-Year Retrospective (Jan. 1991); Elie Ward, Service Integration: Challeng-

ing Systems to Meet Families' Needs (1992); Patricia Schene, *Coordination of Funding* Protecting Children (Summer 1991), at 17; Martha R. Burt et al., Comprehensive Service Integration Programs for At Risk Youth: Final Report (Dec. 1992) (report by the Urban Institute pursuant to Contract No. HHS-100-92-0005).

[190] *State Agencies Join Forces to Strengthen Families and Children: NBI Program to Begin this Fall*, Preventive Trends: New Directions in Fam. & Children Servs. [N.Y. State Dep't of Soc. Servs. newsletter], Oct. 1990, at 1.

[191] N.Y. Exec. Law §§ 548a-548h (McKinney 1993). This program was initially called the Neighborhood Based Initiative, but was changed to Neighborhood Based Alliance in 1993.

[192] The Inspector General, *supra* note 187, has noted that "[t]he history of the many SI [services integration] demonstration projects funded over the years is that once the demonstration funding has run out, the integrative elements have receded or disappeared altogether." *Id.* at 5.

[193] *See generally* Harold Seidman, Politics, Position, and Power: The Dynamics of Federal Organization (3d ed. 1980).

[194] Creating Caring Communities, *supra* note 7.

[195] *Id.* at 148.

[196] *Id.* at 141-46.

[197] *See* Anne Cohn Donnelly, *Healthy Families America*, 21 (No. 2) Children Today 25 (1992).

[198] Marian Wright Edelman, *Leave No Child Behind*, *in* Children's Defense Fund, The State of America's Children 1992 (1992), at vii, xii.

[199] *Id.* at xiii.

[200] *Id.* at xiv (emphasis added).

[201] Research on the dramatic decline in tobacco use in the United States also suggests the difficulty of the challenge ahead if the Nation is to adopt safer attitudes and behavior in relation to children. Although the prevalence of smoking has decreased, that drop has occurred to the greatest extent among educated people, and the rate of smoking has changed least among the people with the most other problems. Karl E. Bauman, *On the Future of Applied Smoking Research: Is It Up in Smoke?*, 82 Am. J. Pub. Health 14 (1992). For example, three-fourths of school dropouts smoke. Phyllis L. Pirie et al., *Smoking Prevalence in a Cohort of Adolescents, Including Absentees, Dropouts, and Transfers*, 78 Am. J. Pub. Health 176 (1988). The decline in smoking among pregnant women has been specific to college-educated women. Joel C. Kleinman & Andrea Kopstein, *Smoking During Pregnancy, 1967-80*, 77 Am. J. Pub. Health 823 (1987). In short, research on smoking indicates that broad change in attitudes about a particular practice is possible, but it also suggests that such change is difficult to engineer among the groups least advantaged.

[202] Aletha C. Huston et al., Big World, Small Screen: The Role of Television in American Society 52-57 (1992) (report of a task force of the American Psychological Association), and citations therein.

[203] Cox News Service, *Networks Will Limit Violence*, Lincoln Journal-Star, Dec. 12, 1992, at A1. The statement by the major networks can be found in The Problem of Media Violence and Children's Behavior 3 (1993) (Occasional Papers of the Harry Frank Guggenheim Foun., No. 7).

[204] The need for education of professionals is illustrated by a recent survey of physicians, which showed that a large proportion of primary care physicians recommend corporal punishment. K. F. McCormick, *Attitudes of Primary Care Physicians Toward Corporal Punishment*, 267 JAMA 3161 (1992).

[205] *Another Good Go at Gun Amnesty*, Lincoln Journal, May 5, 1993, at 17. As a symbol of peace, the guns turned into the police have been melted down and are being sculpted into a fountain twenty-five feet high. *Id.*

[206] *Outright prohibitions of corporal punishment have occurred in Austria, Denmark, Finland, Norway, and Sweden, and similar legislation is being considered in Bolivia, Canada, the European Community, Germany, and Scotland. Peter Newell, Testimony Before the U.S. Advisory Board on Child Abuse & Neglect at a Hearing in Chicago on International Perspectives on a New Strategy for Child Protection in the United States* (Aug. 29, 1992).

[207] *Id.* *See generally* Calouste Gulbenkian Foun., One Scandal Too Many: The Case for Comprehensive Protection for Children in All Settings (1993) (proposing child protection reform, including measures against corporal punishment, in the United Kingdom).

[208] Robert J. Rubel & Nancy C. Ames, Reducing School Crime and Student Misbehavior: A Problem-Solving Strategy (1986), at 2 (National Institute of Justice publication citing the Safe School Study sponsored by the National Institute of Education).

[209] *Id.* at 13 and 15. Students who report fear at school typically have experienced violence themselves. Lisa D. Bastian & Bruce M. Taylor, School Crime: A National Crime Victimization Survey Report 9 (Sept. 1991) (report of the Bureau of Justice Statistics, U.S. Department of Justice).

[210] Rubel & Ames, *supra* note 208, at 18-20.

[211] A remarkable decrease in student aggression--along with a decrease in truancy and vandalism and an increase in student satisfaction--was achieved by a national campaign against bullying in Norway that included curricular materials and mental health consultation in the schools and a booklet sent to every household in the country. *See* Dan Olweus, *Victimization*

*Among Schoolchildren: Intervention and Prevention*, *in* Improving Children's Lives: Global Perspectives on Prevention (George W. Albee et al. eds. 1991).

[212] National Committee for Prevention of Child Abuse, NCPCA Releases New Data from Annual Fifty State Survey and Public Opinion Poll, NCPCA Memorandum (Apr. 1992), at 1.

[213] The ambiguity emanates from both the especially complex causation of sexual abuse and the particularly acute conflicts in policy in regard to punishment of sexual offenders (but not other offenders) against children and protection of children from harm.

[214] In a discussion that the Board held with news and entertainment producers in Los Angeles (Apr. 1992), one producer spoke with some exasperation about his efforts to develop such public service announcements, which television stations refused to play.

[215] *See* Klotz, *supra* note 139.

[216] David Finkelhor, Child Sexual Abuse: New Theory and Research 12-13 (1984).

[217] *Id.* at 11.

[218] *Id.*

[219] *Almost one-half of cases in the second National Incidence Survey involved families of color. Elizabeth D. Jones & Karen McCurdy, The Links Between Types of Maltreatment and Demographic Characteristics of Children*, 16 Child Abuse & Neglect 201, 208 (1992).

[220] Jill Korbin, Sociocultural Factors in Child Maltreatment 27-40 (1992) (paper prepared for the U.S. Advisory Board on Child Abuse and Neglect); Pelton, *supra* note 39, at 30-31; *cf.* Melvin N. Wilson, *Child Maltreatment in the African-American Community* in Child Abuse, Child Development, and Social Policy 213 (Dante Cicchetti & Sheree L. Toth eds., 1993) (arguing that extended-family ties serve as a buffer against child maltreatment among African-Americans).

[221] *See, e.g.*, Robert L. Hampton & Eli H. Newberger, *Child Abuse Incidence and Reporting by Hospitals: The Significance of Severity, Class, and Race*, 75 Am. J. Pub. Health 56 (1985).

Discriminatory patterns have been particularly acute in State authorities' response to problems of childrearing associated with parental substance abuse. In a prevalence study in Pinellas County (St. Petersburg), Florida, black women were found to be ten times more likely than white women to be reported to authorities when they were shown to be using illegal substances while pregnant. Ira J. Chasnoff et al., *The Prevalence of Illicit-Drug or Alcohol Use During Pregnancy and Discrepancies in Mandatory Reporting in Pinellas County, Florida*, 322 New Eng. J. Med. 1202 (1990). Similarly, twenty-two of the first twenty-three pregnant substance-abusing women arrested in Greenville County, South Carolina (one of the jurisdictions using that approach most frequently), were black, and the twenty-third gave birth to a biracial child. Cindi Ross Scoppe, *Subcommittee Delays Action on Drug-Addicted Baby Bill*, The State (Columbia, S.C.), Mar. 15, 1993, at 2B. *Cf.* Clarice Walker et al., Parental Drug Abuse and African American Children in Foster Care: Issues and Study Findings (1991) (showing that black children of substance abusing parents typically stay in foster care for long periods of time).

[222] Census, *supra* note 11, at 39-41, tables no. 41, 42, & 44.

[223] For useful examples of ways that child protection activities can build on "natural" communication patterns, helping networks, and activity settings, see Susan P. Limber & Patricia Y. Hashima, *The Social Context: What Comes Naturally in Child Protection*, *in* Toward a Child-Centered, Neighborhood-Based Child Protection System (Gary B. Melton ed. forthcoming) [hereinafter System]; Clifford R. O'Donnell et al., *The Cross-Cultural Context: What Can Be Learned from Community Development Projects*, *in* System, *supra*.

[224] Levine & Levine, *supra* note 70, at __-__.

[225] *See* Algea O. Harrison et al., *Family Ecologies of Ethnic Minority Children*, 61 Child Dev. 347 (1990).

[226] *See, e.g.*, Theresa D. LaFromboise et al., *Counseling Intervention and American Indian Tradition: An Integrative Approach*, 18 Counseling Psychologist 628 (1990).

[227] *See generally* U.S. Advisory Board on Child Abuse and Neglect, The Continuing Child Protection Emergency: A Challenge to the Nation 138-70 (1993) (summary of a Board symposium on A New Child Protection Strategy: Creating and Maintaining Caring and Inclusive Communities).

[228] *Id.* at 31.

[229] *See, e.g.*, Creating Caring Communities, *supra* note 7, at 105-16, 123-24. A recent panel of the National Research Council on reached similar conclusions about problems in Federal capacity and responsiveness to needs for research on child maltreatment. Panel, *supra* note 4, at 8:1-8:22.

[230] The executive summaries of these papers are included in Appendix C to this report. The authors were (1) James Garbarino and Kathleen Kostelny (neighborhood programs), (2) Jill E. Korbin (sociocultural factors), (3) Paul Lerman (institutional regulation), (4) Leroy H. Pelton (material support), (5) Ross A. Thompson (social support), and (6) David A. Wolfe (treatment).

[231] System, *supra* note 223.

[232] These reports are forthcoming in a special issue of J. Clin. Child Psychol.

[233] Ross A. Thompson, Social Support and the Prevention of Child Maltreatment 11 (1992) (paper prepared for the U.S. Advisory Board on Child Abuse and Neglect).

[234] *See, e.g*, Letter from Deanne Tilton Durfee, Chairperson, U.S. Advisory Board on Child Abuse and Neglect, to Joseph Mottola, Acting Commissioner, Administration on Children, Youth, and Families (July 12, 1993) (commenting on Administration for Children and Families, *Child Abuse and Neglect Prevention and Treatment Priorities for Fiscal Year 1993*, 58 Fed. Reg. 28021 (1993)).

# IV. CONSISTENCY OF THE NEW NATIONAL STRATEGY WITH OTHER REFORM EFFORTS

Although the Board is advocating large-scale change, the approach is consistent with that employed in local programs that have become nationally recognized for their work. Researchers at the Center for Youth Research at the University of Hawaii surveyed a panel of nationally recognized experts to determine exemplary community programs for family support, most commonly for the purpose of prevention of child abuse and neglect.[235] The 21 programs identified had many features in common. They typically offered both prevention and treatment services that:

- strengthen family and community supports and connections;
- treat parents as vital contributors to child growth and development;
- create opportunities for parents to feel empowered to act on their own behalf;
- respect the integrity of the family unit and serve it holistically;
- enhance parents' capacities to foster the optimal development of their children and themselves;
- are programmatically sensitive to the cultural, ethnic, religious, social, and economic characteristics of the community;
- establish linkages with community support systems;
- provide settings where parents and children can gather, interact, support, and learn from each other;
- enhance coordination and integration of services needed by families;
- enhance community awareness of the importance of healthy parenting practices;
- provide 24-hour emergency support when parents and children need help.[236]

Most of the programs studied by the University of Hawaii group were not only neighborhood-based and family-focused but also child-centered. They involved direct services to children and adolescents themselves as well as parents and whole families. The views of children and adolescents themselves were solicited in the design of programs and family service plans.

Although the University of Hawaii study is particularly notable for its analysis of particular neighborhood-based programs, the general approach of the programs studied typifies service integration in a variety of domains.[237] It also is consistent with the recommendations of a myriad of national commissions and initiatives in recent years.[238]

Perhaps most notably, the general emphasis on broad-based family support and easy accessibility and availability of primary and secondary prevention is compatible with the thrust of the recommendations of the National Commission on Child Welfare and Family Preservation,[239] an initiative of the American Public Welfare Association (APWA) – recommendations that were incorporated in principle into the report of the National Commission on Children.[240] Such an emphasis is also consistent with longer-standing community development initiatives, many newer early childhood education programs (including preschool programs for young children with disabilities and their families), and new initiatives for school-based services.

---

## ENDNOTES

[235] Kathleen Wilson, *Exemplary Neighborhood-based Programs*, *in* SYSTEM, *supra* note 223, at __.

[236] *Id.* at __.

[237] *See supra* notes 188-89 and accompanying text.

[238] *See Working Toward An Agenda for Change: A Summary*, PROTECTING CHILDREN (Summer 1991), at 21.

[239] NATIONAL COMM'N ON CHILD WELF. & FAM. PRESERVATION, A COMMITMENT TO CHANGE: RECOMMENDATIONS (n.d.).

[240] BEYOND RHETORIC, *supra* note 12, at 294-97.

# V. PRINCIPLES TO GUIDE IMPLEMENTATION OF THE NEW NATIONAL STRATEGY

Throughout this report, we have emphasized the importance of strengthening neighborhoods, ensuring material supports, and promoting the involvement of families, including fathers, in watchfulness for each other's families. Assuming these points, we now provide five general principles for program development consistent with the new national strategy for child protection. The five principles presented here are discussed in detail below.

**A. The hallmark of the child protection system should be that help needed to prevent child abuse and neglect or ameliorate its effects is easily available and accessible.**

**B. Child protection activities should include a focus on increasing connectedness among people.**

**C. Child protection activities should include a focus on development of actual and self-perceived competence of parents.**

**D. Child protection activities should include a focus on development of actual and self-perceived competence of neighbors as helpers.**

**E. A special focus on prevention of child maltreatment should occur at developmental transitions, especially birth and adolescence.**

## A. THE HALLMARK OF THE CHILD PROTECTION SYSTEM SHOULD BE THAT HELP NEEDED TO PREVENT CHILD ABUSE AND NEGLECT OR AMELIORATE ITS EFFECTS IS EASILY AVAILABLE AND ACCESSIBLE.

This principle is one that should be self-evident but that unfortunately has long been missing from the child protection system. It is based on the definitional premise that the purpose of the child protection system should be to protect children from harm and the normative beliefs that (1) fulfillment of this purpose should be a matter of high priority and (2) parents should not have to be subjected to procedures that are or seem punitive when they seek help.

The principle of easy availability and accessibility also is based on several general findings of empirical research. First, most troubled families accept help when it is **consumer-oriented** -- when families are provided with choices of services delivered where they are (in "natural" neighborhood settings like home and school) in a manner that is culturally compatible, nonstigmatizing, and related to the problems and goals identified by the families themselves.[241] Although such freedom may not be appropriate for a parent who seriously injures a child, it may be the most effective means of engaging parents overwhelmed with problems and reported for lack of supervision of their children or families with multiple problems who are at high risk.

Second, the most successful responses to complex human problems have featured such an approach. In other words, easily accessible and available services not only are preferred by families with multiple problems, but such consumer-oriented services are also most likely to be effective.[242]

Third, the number of affected children and families by itself requires a "public health" approach in which child protection efforts are integrated into neighborhood settings. So many children are abused or neglected that it is reasonable to consider the development of psychosocial "inoculation" programs administered in schools, for example, that might mitigate the effects of the psychological, physical, and sexual assaults that many will experience, regardless of whether such events are ever identified as incidents of abuse. In the same vein, support should be easily available in schools, 4-H clubs, Scouting, churches, and other settings in which help would be easily accessible for children who may experience maltreatment, and such organizations also should reach out to involve children who are troubled or isolated. The same principle demands broad availability and accessibility of adult-oriented prevention programs (e.g., televised public service announcements; workplace-or health-center-based parent support and education programs).

The number of families already seeking help who are not receiving it from the formal service system also suggests the need for broad-based programs. For example, the experience of Parents Anonymous of New Jersey has been that parents calling a State reporting hotline often have their calls rejected because the situation is not "serious enough." In New Jersey, Parents Anonymous itself operates a helpline that handles over 1,000 calls per month to request information, support, and help. Even more dramatically, Parents Anonymous chapters across the nation received 70,000 calls after the showing of the *Scared Silent* documentary by all of the television networks in September 1992 (other helplines and agencies received many other calls).[243]

## B. CHILD PROTECTION ACTIVITIES SHOULD INCLUDE A FOCUS ON INCREASING CONNECTEDNESS AMONG PEOPLE.[244]

Professionals in the field of child protection long have been concerned with social isolation as a factor in the incidence of all forms of child maltreatment. Recent research on the significance of neighborhood cohesiveness has given further evidence of the importance of families' "belonging" to a community as a preventive factor. Parents' social networks provide emotional support, information about resources and access to them, and monitoring and control. They also offer direct emotional support to children and additional models from whom children may learn. Moreover, positive relationships enhance parents' sense of personal competence and control.

Even if the strategy of strengthening ties between neighbors did not appear to be important in itself in the prevention of child abuse and neglect, it would be a necessity as a practical matter. The problem of child maltreatment is too large to leave entirely to human service agencies. Unfortunately, there are too many people who need help and not enough paid helpers. Moreover, the greatly increased need for help in part represents a breakdown of informal helping systems such as extended families, churches, clubs, and groups of friends, which worked well in the past but no longer seem as strong today, particularly in economically deprived communities. If we are to prevent child maltreatment, we must find ways to reinvigorate these helping systems where possible and in other instances to help develop alternative systems.

In building informal helping systems, it is important to build a sense of reciprocity into such relationships.[245] People who are helped need to be given the challenge and the opportunity to help others. Receiving help may be necessary, but it can actually work to weaken one's self-esteem if the help flows only one way. Alternatively, giving help as well as receiving it can empower people and strengthen their self-esteem. Reciprocity can occur through formal mutual-assistance and self-help groups like Parents Anonymous and the Family Cooperative programs developed with NCCAN support in several Northeastern states. It also can occur through volunteer programs and service plans that recognize helpers' need occasionally to receive positive feedback from the people whom they are assisting and that enable consumers of services to graduate to helpers. England's Parent-Infant Network program in London provides an excellent example of this.[246]

Consistent with the general principle of neighbors helping neighbors, all programs and policies related to child protection should include a focus on promotion of relationships. For example, infant home visitation programs might be structured so that the visitors organize parents of children of the same age so that the parents can get to know each other, share babysitting, and generally provide support. Churches and civic groups might encourage their members to "adopt" another family and structure social activities to promote interaction and mutual assistance.

## C. CHILD PROTECTION ACTIVITIES SHOULD INCLUDE A FOCUS ON DEVELOPMENT OF ACTUAL AND SELF-PERCEIVED COMPETENCE OF PARENTS.

Although efforts to construct "profiles" of abusive adults generally have revealed weak correlations between psychological traits and maltreatment of children, there may be no psychological variable that has a stronger relation to child maltreatment than does parental self-esteem. When parents perceive themselves unable to adapt to the demands of parenthood (which inevitably change as children grow older),[247] they fail to foster social competence in their children, who in turn respond aversively, confirm the parents' low self-esteem, and evoke rejection (emotional abuse), withdrawal (neglect), or aggression (physical abuse).[248] Lack of a clear sense of oneself also can diminish empathy and sensitivity to children's feelings.[249] It also can cause parents to withdraw from ongoing interaction with other adults who can offer direct assistance, modeling, and monitoring.[250]

Some well-known programs for prevention and treatment of child abuse and neglect (e.g., Parents Anonymous) build from such knowledge by placing an emphasis on enhancement of parents' sense of competence.[251] In other instances, such a result can occur from successful involvement in activities related to childrearing (rather than discussion leading to insight about one's competence or to success in dealing with hypothetical situations).

School-based programs have special potential to build parents' actual and perceived competence. For example, a rural school in New York State noticed that some academic and emotional problems diminished among children whose parents became involved in volunteering for work in after-school programs and related efforts. In at least one instance, a mother who once had been reported for maltreatment played a major role in organizing services and providing leadership in the community as a result of her volunteer involvement in the school.[252]

Because of the close relation between child maltreatment and parental self-esteem, such approaches by schools can be expected to reduce child maltreatment, especially among families "on the edge." When given encouragement and support, such families often will manage and perhaps even flourish, but otherwise they may become consumed by problems and fall over the edge in ways that result in maltreatment and other serious problems.

These examples illustrate approaches that have been used for many years in Head Start programs to involve and empower parents. Too often, though, when Head Start children enter elementary schools, their parents find that parental involvement is not so welcome. Most schools do not have family workers on their staffs as do Head Start programs, and few schools perceive work with parents to be a central part of their mission, as it is in Head Start. Schools that do find ways to build on and extend the parent involvement initiated with Head Start programs will contribute to the competence of both parents and children.

School-based programs may be useful in one other way. Although direct evidence for long-term prevention of child maltreatment is lacking, studies of school-based parenthood education suggest that such programs can facilitate adolescents' empathy and their sense of competence as future parents.[253] Accordingly, schools can facilitate students' acquisition of skills needed to cope with the demands of parenthood.

Of course, schools do not need to do all this themselves. Most of the examples that we are giving (here and in a subsequent subsection on schools' role in child protection) were developed in concert with another organization, and in some instances the latter led the initiative. Schools can perform a major service by providing facilities for family activities and encouraging the development of programs that are administered by other agencies.

Whatever the site and auspice for prevention programs aimed at parents, staff should respect and build on the knowledge that parents have, and they should design programs in a manner that is responsive to parents' questions and concerns. Viewing parents as clients, who have only problems and needs but few strengths, does not strengthen their self-esteem and may perpetuate or even exacerbate their problems rather than resolve them. It is time to move beyond the traditional deficit-based model, which provides services only to those who can prove that they have the most severe problems.

This point is significant in treatment as well as primary prevention. Provision of choice communicates respect and heightens efficacy of treatment.[254] In its visit to Minneapolis, the Board noted an experiment funded by the McKnight Foundation program which, in preliminary data, showed that CPS clients would take advantage of vouchers enabling them to purchase those services that they believed would be helpful.[255] The Board also has noted experiments with **flexfunds** and other direct provision (e.g., gifts by home visitors) of small but significant material support to families under stress. Such programs appear to be key to development of parents' sense of efficacy and their actual capacity to protect their children when multiple serious problems affect the family.

## D. CHILD PROTECTION ACTIVITIES SHOULD INCLUDE A FOCUS ON DEVELOPMENT OF ACTUAL AND SELF-PERCEIVED COMPETENCE OF NEIGHBORS AS HELPERS.

Although a measure of self-confidence is necessary for parents to seek help, even greater self-esteem may be necessary for parents to assume important roles in providing assistance to others. If such a process is to occur, neighbors must believe that they have a sufficient stake in the neighborhood to motivate them to help their neighbors, and they also must perceive sufficient control over the neighborhood to believe that they can make a difference if they do reach out.

Volunteer helpers (including those who are "natural" helpers not involved in organized volunteer programs) offer a reality check when parents have questions about matters related to childrearing -- whether, for example, a particular disciplinary practice is "over the edge." They also provide information about resources for help, whether formal or informal. Such roles are particularly important in some ethnic communities in which elders serve as the conveyors of community norms and the sources of advice and counsel.

Programs should give due deference to these ongoing sources of help. Programs should ensure that information is available to them so that they in turn can be useful informal referral points when parents seek their help.

## E. A SPECIAL FOCUS ON PREVENTION OF CHILD MALTREATMENT SHOULD OCCUR AT DEVELOPMENTAL TRANSITIONS, ESPECIALLY BIRTH AND ADOLESCENCE.

Preventive activities designed to strengthen parenting should be focused on predictable transition points when parent receptivity is likely to be highest. Such points begin with the most significant transition of all -- birth -- when parents may find practical assistance, emotional support, and parent education especially useful. In that regard, pre- and postnatal home visitation programs like the Healthy Start program in Hawaii have been demonstrated to be effective in preventing child maltreatment, especially among first-time parents and families at high risk.

The Board continues to give strong support to efforts to develop universal access to voluntary programs of infant home visitation. We also recommend research to determine the critical program elements of such programs and to test the effectiveness of various administrative and fiscal structures in neighborhoods of different characteristics.

In addition to birth, transition points include entrance to school, the onset of adolescence, and the transition from school to work. Although the top priority should be for prevention efforts aimed at families of infants and preschoolers,[256] a focus on this age range alone will not ensure protection of children. Parents who may successfully meet the demands of a crying infant may be unprepared for later challenges, particularly in the teenage years. Similarly, parents who cope well with their infant child may divorce and remarry by the time of later transitions, and the child may become more vulnerable.

As children enter adolescence, the stakes increase. The transition from childhood to youth -- the substitution of peer for family relationships -- can be a period of high vulnerability for both youth and their parents. This is a time when youth approach physical maturity but remain emotionally far more dependent on their parents than either the youth or the parents may realize. It is a time when many youth rebel against their parents, some of whom may abuse or neglect them in response. It also is a time when youth may become involved in harmful behavior, such as substance abuse, gang activity, teen pregnancy, running away, delinquency, and even suicide -- all of which are likely to occur with greater frequency when teenagers are being maltreated.[257] For these reasons, **the consequences of adolescent abuse are more serious than is generally realized, and reports of it should be treated more seriously than is usually the case**. Moreover, the incidence of suspected maltreatment is as high or higher than in most other age groups.[258]

Because of the difficulties encountered in parenting adolescents, their parents need help and support as much as the parents of newborns. Hotlines, discussion groups, support groups, and counseling should be made available for these parents, just as they are offered for parents of young children.

A special focus on adolescents also makes sense as an element of prevention, because work with adolescents potentially is important in preparation for parenthood. Such a focus also has more immediate significance in the field of child protection, because the prevalence of maltreatment of adolescents is high and the factors involved in it appear to be somewhat different from those involved in the maltreatment of children.[259]

Because children begin to separate from their families as they grow into adolescence, it is essential that positive opportunities exist for them in their communities. The increase in single-parent households and families with two working parents often means less supervision for children after school and sometimes translates into less attention from any adult. Every community must address this issue, because it is frequently beyond the means of individual parents to resolve on their own.

Obviously teenagers do not require the same level of care that infants do, but they do need constructive challenges, opportunities, and guidance from adult mentors and role models outside their immediate families. Such positive experiences provide the foundation for hope and self-esteem.

Some communities have organized after-school activities for children. Others provide mentoring and apprenticeship programs. Some have linked older people with younger people, when people in both generations would otherwise be alone. Others have developed community volunteer opportunities, cultural programs, and athletic activities -- programs that provide youth with opportunities for positive interaction with adults outside their own families and, therefore, for experiences that build self-esteem and enrich social networks. Like their parents, children need something that offers hope -- to which they can belong, of which they can be a part, and through which they can find meaningful roles for themselves. The absence of such a sense of belonging can have cancerous effects as the consequences of low self-esteem, isolation, and alienation multiply.

Like adults, teens also need opportunities to give as well as to receive, The Peer Helpers National Association is an excellent example of how adolescents can become involved in helping their fellow students with problems ranging from depression and suicide to child abuse, neglect and molestation.

The teenage years form a bridge between two generations; teens may be victims of child maltreatment, perpetrators, or both. For many, this period represents the last opportunity to resolve (or avoid) underlying problems that can lead to child maltreatment when they become parents themselves.

---

## ENDNOTES

[241] In a pilot project (Family Options in Hennepin County, Minnesota) preparatory to a controlled study currently underway (both funded by the McKnight Foundation), voluntary help was accepted by about 90% of CPS-referred families given the option of receiving $3500 worth of services from a menu offered them. Almost all of them actively participated in services. Letter from Philip AuClaire, Project Director, Family Options, to Phillip Lyons, Senior Graduate Assistant, Center on Children, Families, and the Law, University of Nebraska-Lincoln (July 26, 1992).

[242] *See, e.g.*, Molly A. Brunk et al., *Comparison of Multisystemic Therapy and Parent Training in the Brief Treatment of Child Abuse and Neglect*, 55 J. Consulting & Clin. Psychol. 171 (1987); *see generally* Wolfe, *supra* note 71.

[243] *See* Patricia Rowe, *Child Abuse Telecast Floods National Hotline*, 21 Children Today, No. 2, at 11 (1992).

[244] **A focus on increasing connectedness among people was a primary focus of a pioneer in the field of child protection, the late Ray Helfer, in his vision of the future. Ray E. Helfer, *Child Abuse and Neglect: Assessment, Treatment, and Prevention, October 21, 2007*, 15 Child Abuse & Neglect 5 (Supp. I, 1991).**

[245] *See* Thompson, *supra* note 233, at 42-44, 48-49, & 91-94.

[246] In testimony before the Board (Aug. 29, 1992, in Chicago), Eitchne Sharp described an interesting program in London, England, that incorporates such elements. A community center provides a Parent-Infant Network (PIN) program that focuses on provision of mutual assistance and 24-hour support and enhancement of client self-esteem. "Users" of services are trained to become "befrienders."

[247] Of course, such perceptions can reflect **actual** deficits in coping abilities and interpersonal skills. Failure can stimulate a vicious cycle in which parents fail to respond adaptively because they have learned that they cannot--often an overgeneralization of aversive experiences and sometimes a reflection of situational lack of control more than personal traits. The relation between social class and rate of maltreatment may reflect such a process, in which parental depression is evoked by overwhelming and chronic family crises without the means to better the family's social and economic situation. *See* Pelton, *supra* note 39, at 42-54.

[248] David A. Wolfe, Child Abuse: Implications for Child Development and Psychopathology 37 (1987). Research shows that, contrary to the conventional wisdom, maltreating parents tend to establish expectations that are unrealistically high for **themselves**, not their children. Mindy Rosenberg & N. Dickon Reppucci, *Abusive Mothers: Perceptions of their Own and their Children's Behavior*, 51 J. Consulting & Clin. Psychol. 674 (1983). Thus they respond from frustration at their own perceived inability to elicit appropriate behavior by their children.

[249] Norma D. Feshbach, *The Construct of Empathy and the Phenomenon of Physical Maltreatment of Children*, *in* Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect 349, 356 (Dante Cicchetti & Vicki Carlson eds. 1989).

[250] *See generally* Thompson, *supra* note 233.

[251] *See* Virginia Murphy-Berman & Gary B. Melton, *Community-Based Parenting Support Systems: The Mutual Assistance Model*, *in* System, *supra* note 223, and citations therein.

[252] The potential generalization of leadership in school activities by parents without a history of involvement in community activities was also demonstrated in efforts to develop magnet programs to ease transitions to desegregated schools--efforts that in some instances resulted in African-American parents' entrance into higher education and their development into important leaders in the community as a whole. James E. Teele, Evaluating School Busing: Boston's Project Exodus 105-14 (1973).

[253] Sarah L. Cook & N. Dickon Reppucci, *The Nature and Efficacy of Child-Centered, Neighborhood-Based Child Protection Programs: The Record Thus Far*, *in* System, *supra* note 223.

[254] *See generally* Choice and Perceived Control (L. C. Perlmuter & R. A. Monty eds., 1979); Charles R. Tremper & Morgan P. Kelly, *The Mental Health Rationale for Policies Fostering Minors' Autonomy*, 10 Int'l J. L. & Psychiatry 129 (1987).

[255] *See supra* note 241.

[256] *Cf.* Edward Zigler et al., *Early Childhood Intervention: A Promising Preventative for Juvenile Delinquency*, 47 Am. Psychologist 997 (1992). *See generally* E. Wayne Holden et al., *Preventing Child Maltreatment During the Prenatal/Perinatal*

*Period, in* Prevention of Child Maltreatment: Developmental and Ecological Perspectives 17 (Diane J. Willis et al. eds. 1992) [hereinafter Prevention]; Jan L. Culbertson & Cynthia L. Schellenbach, *Prevention of Maltreatment in Infants and Young Children, in* Prevention, *supra*, at 47.

[257] *See generally* James Garbarino & Gwen Gilliam, Understanding Abusive Families 167-84 (1980).

[258] According to the second National Incidence Study, one-fourth of all children and youth believed to have been maltreated were teenagers (physical abuse, 29.7%; sexual abuse, 28.4%; emotional abuse, 42.1%; physical neglect, 14.1%). Jones & McCurdy, *supra* note 219, at 208.

[259] *See* James Garbarino, *Preventing Adolescent Maltreatment, in* Prevention, *supra* note 256, at 94. Compared to maltreatment of children, maltreatment of adolescents involves a greater proportion of girls and is less linked to poverty.

# VI. A COMPREHENSIVE APPROACH TO THE IMPLEMENTATION OF THE NEW NATIONAL STRATEGY

Given the multiplicity of problems faced by families in which maltreatment occurs or is at risk of occurring, services must be widely available, easily accessible, and comprehensive -- in effect, integrated into daily life. **Child protection should be conceptualized as everyone's job. Every sector of society ought to be involved.**

Some examples follow. In offering them, the Board does not intend to imply either that the examples are the only -- or even primary -- tasks that a given sector should undertake in order to protect children. Conversely, we also do not intend to imply that the tasks indicated should be performed by a particular sector and not another. Rather, we are suggesting some of the tasks that various groups or agencies **can** fulfill; the point is not to assign roles but instead to suggest possibilities. The actual division of labor ought to be matched to use local resources optimally through State and neighborhood plans.

## A. HEALTH SERVICES

As a nearly universal system,[260] health care is another key component of the child protection system. Although the primary role that health care providers have played in child protection historically has been forensic (i.e., diagnosis and reporting), the potential role is substantially broader.

Perhaps the most important example of the expanded role that could be played is infant home visitation, which has typically (but not necessarily) been based in public health (analogous to visiting nurse programs). Advice-giving and support related to well child care are other obvious entry points for prevention and treatment of child abuse and neglect.

In that regard, evidence that the emergency room is the major perceived source of help for many parents in declining neighborhoods indicates the potential importance of emergency-room social services, especially in children's hospitals,[261] in helping to build connections for parents who believe that they have nowhere else to go when family crises occur. It is likely that health care reform will induce a reduction in the use of emergency rooms in favor of community health centers and other primary health care providers. Regardless of whether such a change occurs, community health centers could be useful sources of support through, for example, call-in and drop-in services for parents seeking advice in dealing with disciplinary problems and other child-care issues.[262] If history-taking is sufficiently careful, primary health care also can be an entry point to more specialized services (e.g., support groups for survivors of child abuse).

Another important health-system-based element of a comprehensive effort to prevent child abuse and neglect is family planning. As a recent urban-policy analysis by the RAND Corporation concluded, few interventions have effects as well documented in regard to family cohesion and child well-being.[263] Although the Board is not aware of research directly showing that family planning programs prevent child abuse and neglect, studies of the pediatric-health consequences of family planning,[264] the relation of family size to child maltreatment,[265] and the family-planning effects of some programs for prevention of child maltreatment[266] suggest that such a protective effect is likely.

## B. MENTAL HEALTH SERVICES

In the Board's own deliberations and its discussions with professionals in the field, a general perception has been that the mental health professions have been underinvolved in prevention and treatment related to child abuse and neglect. This underinvolvement is unfortunate for several reasons. First, given the well-established risk to the mental health of children who have been subjected to any form of maltreatment, there is a great need for services to prevent or remediate such harm. Second, as experts in behavior change, mental health professionals should be able to apply research about the nature of child maltreatment to the design and implementation of conceptually based and empirically tested programs to prevent the occurrence and recurrence of maltreatment. Third, because the boundaries of catchment areas of community mental health centers (CMHCs), especially in urban areas, often approximate the geographic limits of neighborhoods, CMHCs have the potential to lead in the development and implementation of neighborhood plans for child protection.[267] Fourth, in rural areas in many parts of the country, CMHCs are the only multi-disciplinary programs available. Thus, in these areas, too, CMHCs can lead the service system in design of multifaceted prevention and treatment programs. Accordingly, a key role of mental health professionals in the child protection system is consultation -- for example, to teachers trying to support a maltreated child in school.

In arguing for an expanded role for mental health professionals in the child protection system, the Board is mindful of limitations in such advice. Little is known about the effectiveness of treatment for older children and adolescents who have been abused or neglected. Moreover, some CMHCs have become so dependent on fees for services to individuals and so focused on needs of adults with chronic mental disorders that they may be unmotivated to make services related to child protection a high priority.

It is clear that providers of mental health services must not only do more in the prevention and treatment of child abuse and neglect but that they also must behave differently. Traditional mental health services are ill-suited either to primary prevention in families in which maltreatment has not yet occurred or to treatment of the multi-problem families who are the principal clients in the child protection system as it currently exists. To be effective, mental health providers must be willing to leave the office and to shape interventions to respond to multiple needs, including needs for economic support, when and where clients can best respond. Mental health clinicians (and other service providers in the child protection system) need to reverse the present tendency to fit clients to packaged services.

Wolfe's summary is instructive:

> *[N]o particular method of intervention is likely to lead to desirable outcomes for even a majority of families, especially by the time child maltreatment has been identified....[Research suggests the need to place] greater emphasis on preparing parents for their childrearing role well in advance of the emergence of problems, and having a wider range of appropriate services available. Such a model requires staff who are trained to assist with families at a level that is most beneficial, rather than attempting to detect and intervene after the fact. Staff would have to be sensitive to individual, community, and cultural preferences, as well as socioeconomic limitations, that constitute the majority of disadvantaged families, and be willing to tolerate such differences for the purpose of establishing a basis for improving the parent-child relationship. This approach requires more investment in family development at an earlier point in time, but holds considerable promise in reducing the costs and failures of the current reactive system.*[268]

## C. SUBSTANCE ABUSE PROGRAMS

An element that now is widely acknowledged to be an integral part of the child protection system is the substance abuse treatment system. With greater acknowledgment of the frequency of substance abuse among maltreating parents and the potential harm of fetal exposure to alcohol and other drugs, the link between substance abuse and child maltreatment has become a "hook" for funding of new programs.[269]

An important point, though, is that child protection programs based in substance abuse treatment agencies look like well conceptualized programs in other agencies. There is little that is unique about programs based in substance abuse services. This point is illustrated by examination of the characteristics of most of the scores of demonstration projects that were funded by the Pregnant and Postpartum Women and Infants program of the Center for Substance Abuse Prevention:

- an array...[of] services that includes education and services to meet the diverse and complex needs of families;

- practical help, including transportation, child care, job seeking, emergency assistance, housing, food, and fun;

- recognition and use of extended family, neighbors, friends, and tribal members who seem to have natural ability to understand and help;

- locations (and times) that are convenient for participants;

- novel approaches to education and counseling tailored to special needs and usually developed from earlier efforts that were less successful that was hoped;

- support, being there, even after program services are complete, an ongoing network of help, support, and advice;

- collaboration across boundaries that previously had not been crossed, whether a tribal community and a dominantly European-American town or businesses, human services and law enforcement.[270]

Recognition of the similarity of integrated services, regardless of auspice, does not minimize the necessity for substance abuse programs to recognize the needs of their clients' families (and the risk that they sometimes experience) and to respond creatively, flexibly, and intensively. A program in San Francisco for mothers of substance abusing mothers that provided support in caring for grandchildren and that stimulated advocacy and empowerment was illustrative.[271]

At the same time, other agencies may have much to learn from substance abuse agencies. The movement among substance abuse programs for development of community coalitions for prevention of chemical dependency may be instructive to programs designing programs for prevention of child maltreatment.

## D. THE SCHOOLS

In its 1991 report, the Board noted the virtual vacuum in child protection efforts in the U.S. Department of Education.[272] Analogously, researchers have found underreporting of suspected child maltreatment to be especially acute in the schools.[273]

The Board continues to believe, however, that "the educational system has the potential to be the linchpin of community-based efforts to protect children from maltreatment."[274] Schools play a key role in determining the quality of the social environment in neighborhoods, for both children and their parents. Indeed, they often serve as the center of the community, particularly in rural areas. As a result, school issues and activities often bring the community together in ways that nothing else does.

Moreover, there are signs that professionals in education are ready to assume a larger role in child protection. Many schools have adopted child sexual abuse education programs.[275] Although the effectiveness of this approach is controversial,[276] it does indicate the willingness of schools to assume a larger role in the prevention of child abuse and neglect.[277] So too does the creative response by some schools to the need to build supportive networks for children and families.

Florida, along with a number of other states, is funding "Full Service Schools" which are evolving locally through interagency collaboration to meet local education, medical and/or, social and human service needs of children and youth and their families. The idea is to bring needed services onto or near the school grounds to be easily accessible. Full service schools are seen as potential one stop shopping centers for students and their families. Community and parent involvement in setting priorities and developing services is an important part of this effort. It is hoped that this will improve school community relations so that families will support the school's mission, and that schools in return, will support the family's mission.[278]

In New York State, the Liberty program uses interdisciplinary teams to provide special attention to children and families at high risk. And through the

Community Lifelines prevention demonstration project funded by NCCAN, four schools in Elmira, N.Y. are experimenting with part-time outreach workers who serve as **parent partners** -- an inexpensive but effective means of involving parents in building a sense of community and support for each other through child-and parent centered activities based at the school. Schools in Elmira and Cortland, N.Y. also have succeeded in gaining the cooperation and involvement of parents of children with academic and emotional problems (including problems arising from maltreatment) by reaching out effectively and by marketing special activities as privileges rather than a stigma.

Although such programs still are not as common as they should be, there has been a growth in school-based health, mental health, and social service programs -- often through partnerships between schools and community agencies.[279] Indeed, one of the products of school restructuring in some States has been the development of "full-service" schools equipped to meet children's social and emotional needs as well as their cognitive needs.[280] When such a development occurs with an emphasis on neighborhood and parent involvement, it can result in strengthened neighborhoods and families -- important results for the prevention of child maltreatment -- as it offers support to children and youth that is likely to be therapeutic when maltreatment has occurred and, in the long term, preventive of maltreatment when children grow up to be parents themselves.

In a growing number of Counties in New York State, local departments of social services are placing workers in the schools. These workers visit families and children when problems first surface -- long before they become serious enough to justify a CPS hotline report. As a result, DSS officials are reporting reduced foster care placement rates, and school officials are noting fewer behavior problems and better academic achievement. Apparently the program is averting problems that might have led to child maltreatment and the fear and humiliation involved in CPS investigations.

Although recognition and acceptance of their role in child protection are first steps that are yet to be achieved in some schools, the obstacle for many educators may be a lack of knowledge about how to fulfill a broader role. Among the various roles that schoolteachers might play in child protection, none is more widely endorsed by them than "providing support, encouragement, and understanding to children who have been abused," but teacher training remains limited largely to identification and reporting.[281] Similarly, many educators believe that they lack skills or time to involve parents whom they regard as unresponsive. Therefore, an important element in development of school-based programs for prevention and treatment of child abuse and neglect should be training, with emphases on support for children who may have been traumatized and on development of partnerships with parents who may have had minimal formal involvement in their children's education.

Whatever the specific focus of school programs, an important step is to go beyond the "we-they" view of parents. Although school staff often complain about parents who "don't care" about their children, some of these parents say that the school makes them feel uncomfortable. Many themselves have had bad experiences in school, and they are hardly eager to return. Such feelings often evaporate when someone -- a teacher, a principal, a counselor, a nurse, or an outreach worker -- takes the time to contact parents personally and positively. As an example, one teacher made it a point to contact every parent in her class over several weeks to tell them of something positive their child was doing.. For most parents this was a new, and very welcome experience which made them feel closer to the school.

## E. BUSINESS AND LABOR

Although the roles of business and labor in child protection may not be obvious to many, the Board has encountered impressive examples of support for families and neighborhoods by corporations and their workers.[282] Indeed, the business sector potentially can be the linchpin of the neighborhood development that the Board believes is critical to the task of child protection.

Perhaps the most direct way that a business can contribute is to "adopt" a neighborhood. The Board observed such a relationship in its visit to Minneapolis, where the Honeywell Corporation has adopted the neighborhood in which its corporate offices are located. When a community organization needed space to establish a special school for teenage mothers, Honeywell renovated an under-utilized portion of its office building to meet day care standards, and the mothers now attend classes there every day while their babies are cared for on site. Honeywell supplies utilities and janitorial services, and it also encourages office and executive staff to become mentors to the young mothers. This approach establishes not only personal support but also a close connection between the school and the workplace -- a connection that may in itself help to promote economic stability and to prevent child maltreatment.[283]

Fel-Pro, an automobile-parts manufacturer in Skokie, Illinois, provides a number of other creative approaches to family support and neighborhood development. For example, money that the corporation donates to charitable organizations is pooled for distribution by an employee committee to groups and organizations in which employees serve as volunteers. Such a strategy provides direct support for neighborhood development through funds for program administration and contribution of volunteer services, but it also builds employees' sense of personal control and value and their own investment in their community.

Fel-Pro also has an unusual array of family benefits, including Father's Day and Mother's Day observances, bonuses for marriages and births, and day care, summer camp, tutoring, summer jobs, and college tuition for employees' children. This example illustrates the ways in which benefit packages can be shaped to respond to family needs and to diminish family stress.

As the growth of employee assistance programs (EAP), illustrates, businesses can provide direct voluntary assistance to employees when they have "everyday" family problems, when they are in crisis, or even when maltreatment has occurred. Labor unions can be useful partners in promoting employee faith in the confidentiality and quality of family services available through an EAP. Business and labor also can join in provision of educational programs not only on family matters directly but also on ways of helping co-workers and neighbors to support and strengthen their families.

Besides providing or financing family services, businesses can and often do contribute in-kind services such as use of their meeting rooms for neighborhood groups, provision of technical assistance (e.g., accounting services), and sponsorship of activities that boost the neighborhoods of which they are a part. They also may use printing or duplicating for neighborhood activities, donate their own product or services to neighborhood groups, or contribute part of their advertising space for prevention messages.

Although the principal focus of this subsection has been on philanthropic activities, the importance of businesses' direct contribution to the economy should not be overlooked. In an era when capital is being moved from many economically distressed urban and rural communities, the value of a business that stays put should not be underestimated, especially given the links among poverty, unemployment, parental self-esteem, and child maltreatment. Large businesses also can assist by adoption of policies that favor purchases from suppliers that are based in impoverished neighborhoods or even by assistance to neighborhood residents in establishment of small businesses that can serve as such suppliers.

## F. VOLUNTEERS AND CIVIC ORGANIZATIONS

There may be no value as deeply embedded in American culture as is volunteerism. Strengthening the neighborhood often can be accomplished by reliance on small local organizations, a strategy that combines easy accessibility with neighborhood participation and responsiveness to the particular needs of ethnic-minority communities. With volunteers to deliver services or to supplement professional activities, neighborhood-based organizations can provide youth activities, child care, after-school activities, outreach, recreational and cultural activities, mutual assistance (self-help) groups, and support by big brothers, big sisters, or parent partners.

Many of the model programs studied by the University of Hawaii (see Section IV) had been initiated by a civic organization after a neighborhood needs assessment. The range of groups undertaking such projects was remarkable for its breadth: "the Junior League, the League of Women Voters, a neighborhood association, an ethnic or cultural association,..a citizens' interest group."[284]

Civic organizations not only can assess neighborhood needs and respond with volunteer assistance, but they also can serve as advocates and monitor the work of professional services and government in prevention and treatment of child abuse and neglect. For example, the Children's Defense Fund's Child Watch Visitation Program in thirty communities across the United States incorporates volunteers from local chapters of six national civic and religious organizations.[285]

In that regard, civic organizations can capitalize on the unique skills and experiences of their members and in so doing integrate professional, citizen-advocate, and consumer perspectives. For example, at the urging of a member who was a former foster child, the Honolulu Rotary Club made foster-parent recruitment and retention one of its principal projects, and the club greatly increased the pool of volunteers to be foster parents. Volunteer programs also can offer inter-generational modeling (e.g., Foster Grandparents and RSVP) and pointers about coping strategies from parents and children who have "been there" (e.g., Parents Anonymous and its affiliated children's program) that may not be available through professional services alone.

Parent aides and facilitators of Parents Anonymous groups do much to assist parents who have abused or neglected their children or who have been at risk of doing so. Other volunteers act as mentors or counselors to children themselves and in so doing provide easily accessible services without the barriers that professional titles sometimes erect.

Volunteer programs also can have preventive effects on the volunteers themselves and their families, through enhancement of self-esteem and development of social competence and other skills. Such a process has been recognized, for example, through the adoption of the National and Community Service Act of 1990[286] and its school-based program, Serve-America, which has placed particular emphasis on neighborhood service by youth themselves.[287]

## G. RELIGIOUS ORGANIZATIONS

Churches, mosques, and synagogues have at least three kinds of roles in the child protection system: neighborhood service, personal healing and reconciliation, and moral leadership.

As **societies for service** that are present in virtually every neighborhood, religious organizations have adopted creative strategies for assistance to families in which maltreatment has occurred or is at risk of occurring. For example, Covenant to Care, a program located in Texas, Connecticut, and California, features "adoption" of a social worker by a congregation.[288] Partnership for Empowerment (PEP), a program in Lincoln, Nebraska, grew from an Interfaith Council effort to pair volunteers in member congregations with families in crisis. In Washington State, a church served as a center for recruitment of foster parents. Other churches provide child care, crisis counseling (phone warm-lines), parent support groups, food banks, parent education, and even classes on job-hunting skills. Refugee resettlement programs, most of which are operated by religious groups (e.g., Catholic Charities; Church World Service), offer a model for comprehensive services -- economic, educational, vocational, and social -- that churches and synagogues can offer to families in great need, who usually begin without a niche in the neighborhoods in which they settle.

Religious organizations also can provide **places of acceptance** for maltreating parents and their children. Clergy are virtually unique in the unlimited confidentiality that they offer to people voluntarily seeking help. More broadly, congregations potentially offer a sense of belonging to members who otherwise may be isolated or alienated and who lack a sense of personal worth.

Of course, the roles of service and healing flow from the role that is most central to religious organizations: **moral leadership**. Religious organizations thus can lead in the affirmation of personal and collective responsibility to respect the dignity and worth of children and to ensure their protection from harm. The pulpit is an obvious forum for proclamation of such a message. So too are church-sponsored public discussions, lectures, and media programs. Community interfaith councils may be particularly helpful in developing neighborhood-, city-, or county-wide initiatives to prevent child maltreatment and ameliorate its effects.

## H. COOPERATIVE EXTENSION

The Cooperative Extension Service (CES) also has the potential to play a special role in prevention and treatment related to child maltreatment. With a heritage in non-formal education rather than social services or mental health, CES workers may be less likely than more traditional social-service agencies to engage in deficit-model approaches, and the public is likely to regard CES services as non-stigmatizing.

CES also can build from other traditions. Its heritage of work with mothers on nutrition, household management and parent education provides a good base from which to work with parents with special needs.. Its heritage of encouragement and strong support of volunteerism provides a good base from which to recruit and prepare volunteers to become active partners in supporting maltreated children's needs.

CES also can build from its tradition of youth development. CES's 4-H clubs for rural children are well known, but 4-H activities have been increasing in urban areas, where 4-H programming offers constructive roles for youth in their neighborhoods. Regardless of their location, 4-H clubs provide a sense of belonging, personal development, and hope that can ameliorate the effects of child maltreatment and counteract the isolation and low self-esteem that may otherwise impair children's competence as future parents.

Another important feature is CES's tradition of diffusion of innovations and encouragement of their adoption. Under the guise of community education, CES can bring people representing diverse interests together and can play a facilitating role in development of new programs. In New York State, extension agents in several counties have played pioneering roles in the development of family resource centers. Others have developed parent support groups and numerous parent education activities.

In recent years, many CES offices have begun to focus greater attention on the needs of youth and families at risk. Such an emphasis is particularly critical to the Expanded Food and Nutrition and Education Program (EFNEP), which provides nutrition education and counseling for low-income families with young children.. With its expertise in education and volunteerism, CES is in a good position to work with families "on the edge" who with a little help, can avoid maltreatment. It is also in an excellent position to help to repair the damage to youth who may have suffered maltreatment.

Given these substantive strengths, as well as its presence and accessibility in every county in the country, Cooperative Extension is an important resource for preventing child maltreatment..and ameliorating its effects. Because of its reputation as a dependable, non-stigmatizing source of information and assistance, CES can be a key actor in child abuse prevention and treatment, without the "baggage" of an agency involved in coercive measures against parents.

## I. INTERAGENCY COUNCILS

Neighborhood planning provides a means for agencies and residents to come together to make help more easily available and better integrated into daily life. Interagency councils can often play a key role in making this happen. In larger communities especially, formal structures such as an interagency council may be necessary to accomplish the necessary planning and coordination. The establishment of councils can help to overcome fragmentation, agency competition, and perceived regulatory barriers. Such councils can work at State, County, and neighborhood levels to plan new initiatives, commission needs assessments and evaluations, and to facilitate collaborative action including blending of funding to remediate problems.

For example, in Los Angeles County, the Inter-Agency Council on Child Abuse and Neglect (ICAN) has spawned a County-wide interdisciplinary focus on issues such as review of child deaths, prenatal substance abuse, comprehensive neighborhood treatment centers, collection of multiple-agency data, teen pregnancies, youth suicide, and interdisciplinary training. Because of the size of Los Angeles County, fourteen community child abuse prevention councils represent specific geographical areas of the County, ethnic groups, and special populations (e.g., children with disabilities). The local councils plan neighborhood-level activities and offer recommendations to the County council. In other areas of the Nation, child abuse prevention and coordinating councils have met a critical need for developing consensus and bridging gaps among agencies, disciplines, and the public and private sectors.

Regardless of community size, neighborhood-level organizations are needed to stimulate grassroots concern and mobilize citizen action. At the same time, councils covering larger areas (e.g., State or County) can be used to undertake policy initiatives as needed.

---

### ENDNOTES

[260] Although insurance coverage is far from universal and frequency and site of physician visits varies with resources, almost all families with children have occasional involvement with the health care system. OFFICE OF TECHNOLOGY ASSESSMENT, HEALTHY CHILDREN: INVESTING IN THE FUTURE 53-57 (1988).

[261] KATHLEEN M. WHITE ET AL., TREATING FAMILY VIOLENCE IN A PEDIATRIC HOSPITAL: A PROGRAM OF TRAINING, RESEARCH, AND SERVICES (1987).

[262] Phone consultation services have been built into some private pediatric clinics and hospitals. Such a service could be especially useful for parents frustrated by their sense of failure in care of infants--the age group most at risk for serious physical harm as a result of abuse and neglect. *See* Michael Durfee et al., *Origins and Clinical Relevance of Child Death Review Teams*, 21 (No. 2) CHILDREN TODAY 29, 30 (1992).

[263] Julie DaVanzo, *Families, Children, Poverty, Policy*, *in* URBAN AMERICA: POLICY CHOICES FOR LOS ANGELES AND THE NATION 83, 102 (James B. Steinberg et al., eds., 1992).

[264] *See, e.g.*, Jill M. Rabin et al., *The Long Term Benefits of a Comprehensive Teenage Pregnancy Program*, 30 CLIN. PEDIATRICS 305 (1991).

[265] *See, e.g.*, Martin Daly & Margo Wilson, *Child Abuse and Other Risks of Not Living with Both Parents*, 6 ETHOLOGY & SOCIOBIOL. 197 (1985); Janine Jason, *Centers for Disease Control and the Epidemiology of Violence*, 8 CHILD ABUSE & NEGLECT 279 (1984); Jonathan B. Kotch & Thomas L. Parke, *Family and Social Factors Associated with Substantiation of Child Abuse and Neglect*, 1 FAM. VIOL. 167 (1986); Susan J. Zuravin, *Unplanned Childbearing and Family Size: Their Relationship to Child Neglect and Abuse*, FAM. PLANNING PERSPS. (July-Aug. 1991), at 155.

[266] Among many other positive effects, infant home visitation has been shown to result in greater spacing of births, increased use of preventive health services, and decreased frequency of accidents as well as decreased incidence of child maltreatment. David L. Olds, *The Prenatal/Early Infancy Project*, *in* 14 OUNCES OF PREVENTION: A CASEBOOK FOR PRACTITIONERS 9 (1988); David L. Olds et al., *Preventing Child Abuse and Neglect: A Randomized Trial of Nurse Home Visitation*, 78 PEDIATRICS 65 (1986); David L. Olds et al., *Improving the Delivery of Prenatal Care and Outcomes of Pregnancy: A Randomized Trial of Home Visitation*, 77 PEDIATRICS 16 (1986); David L. Olds & H. Kitzman, *Can Home Visitation Improve the Health of Women and Children at Environmental Risk?*, 86 PEDIATRICS 108 (1990).

[267] Prior to the enactment of the Omnibus Budget Reconciliation Act of 1981, Federal funds for mental health services went directly to CMHCs. Since then, State mental health agencies have served as grantees responsible for disbursement of the mental health and substance abuse block grant, 42 U.S.C. §§ 300x - 300x-64. *See* ADAMHA Reorganization Act, Pub. L. 102-321, 106 Stat. 323.

[268] Wolfe, *supra* note 71, Exec. Summ. at 16.

[269] The Emergency Services program under CAPTA, 42 U.S.C. § 5106a-1, is illustrative of the Federal programs for substance abusing parents and their children.

[270] Mary Fran Flood, Innovative (and Successful!) Programs: A Presentation for Rural Nebraska Communities on Program Options for Helping Substance Using Pregnant Women and

Parents 13-14 (1992) (unpublished manuscript, Center on Children, Families, and the Law, University of Nebraska-Lincoln).

[271] Mindy S. Rosenberg & Daniel J. Sonkin, *The Prevention of Child Maltreatment in School-Age Children, in* PREVENTION, *supra* note 256, at 78, 84-86.

[272] CREATING CARING COMMUNITIES, *supra* note 7, at 86.

[273] NATIONAL CENTER ON CHILD ABUSE AND NEGLECT, STUDY FINDINGS: STUDY OF THE NATIONAL INCIDENCE AND PREVALENCE OF CHILD ABUSE AND NEGLECT 6-17 (1988).

[274] CREATING CARING COMMUNITIES, *supra* note 7, at 86.

[275] *See, e.g.*, JILL DUERR BERRICK & NEIL GILBERT, WITH THE BEST OF INTENTIONS: THE CHILD SEXUAL ABUSE PREVENTION MOVEMENT 16-29 (1991) (describing the implementation of the Maxine Waters Child Abuse Prevention Training Act).

[276] For diverse interpretations of research on point, see, e.g., BERRICK & GILBERT, *supra* note 273; SANDY K. WURTELE & CINDY L. MILLER-PERRIN, PREVENTING CHILD SEXUAL ABUSE: SHARING THE RESPONSIBILITY (1992); David Finkelhor & Nancy Strapko, *Sexual Abuse Prevention Education: A Review of Evaluation Studies, in* PREVENTION, *supra* note 256, at 150; Gary B. Melton, *The Improbability of Prevention of Sexual Abuse, in* PREVENTION OF CHILD MALTREATMENT, *supra* note 256, at 168; N. Dickon Reppucci & Jeffrey J. Haugaard, *Prevention of Child Sexual Abuse: Myth or Reality?*, 44 AM. PSYCHOLOGIST 1266 (1989).

[277] Schools can work to prevent child maltreatment by assistance with socialization into adulthood (e.g., parenthood education), support for families under stress, advocacy for children, and support for maltreated children. GARBARINO & GILLIAM, *supra* note 255, at 97-105.

[278] Interagcy. Workgrp. on Full Serv. Schools, Dep'ts of Educ., Health & Rehab. Servs., & Labor & Employ. Security, Florida Full Service Schools, Concept Paper (Feb. 1993); Orange County, Fla. Pub. Schools, Full Service Schools: Summary of Activities (1993).

[279] *See, e.g.*, JANE KNITZER ET AL., AT THE SCHOOLHOUSE DOOR: AN EXAMINATION OF PROGRAMS AND POLICIES FOR CHILDREN WITH BEHAVIORAL AND EMOTIONAL PROBLEMS (1990); ATELIA I. MELAVILLE ET AL., TOGETHER WE CAN: A GUIDE FOR CRAFTING A PROFAMILY SYSTEM OF EDUCATION AND HUMAN SERVICES (n.d.) (report of task force sponsored by the Office of Educational Research and Improvement, U.S. Department of Education, and the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services); Howard S. Adelman & Linda Taylor, *Mental Health Facets of the School-Based Health Center Movement: Need and Opportunity for Research and Development*, 18 J. MENT. HEALTH ADMIN. 272 (1991); Joy G. Dryfoos, *School-Based Social and Health Services for At-Risk Students*, 26 URB. EDUC. 118 (1991).

[280] *See, e.g.*, CAL. EDUC. CODE §§ 8800-8807 (West 1993); CAL. WELF. & INST. CODE §§ 4343-4352 & 4370-4390 (West 1993); FLA. STAT. ANN. § 402.3026 (West 1993); KY. REV. STAT. ANN. § 156.497 (Baldwin 1993).

[281] Nadine Abrahams et al., *Teachers' Knowledge, Attitudes, and Beliefs about Child Abuse and Its Prevention*, 16 CHILD ABUSE & NEGLECT 229, 232 (1992). Reporting of child maltreatment by teachers does remain often inadequate, but that particular problem seems more related to systemic policies and practices than a deficit in training. Most teachers do report suspected child maltreatment, but they commonly make their reports to school personnel (e.g., principals) rather than the legally designated authorities. *Id.* at 233.

[282] *See, e.g.*, SYLVIA ANN HEWLETT, WHEN THE BOUGH BREAKS: THE COST OF NEGLECTING OUR CHILDREN 245-92 (Harper Perennial ed. 1992) (originally published 1991).

[283] In that regard, because of the link between unemployment and child maltreatment, it would be useful to study the preventive effects of other kinds of programs that combine job training and social support and that build both economic self-sufficiency and interpersonal skills. In the same vein, consistent with the principle of easy availability and accessibility of services, programs that integrate workplace-related (e.g., employee assistance) and school-based services with a family orientation may be useful means of prevention and treatment.

[284] Wilson, *supra* note 235, at ___.

[285] *Revealing the Face of Child Poverty: Child Watch Visitation Moves People to Act*, CDF RPTS., Mar. 1992, at 8. The participating organizations include the Child and Family Justice Committee of the National Council of Churches, the Association of Junior Leagues, the American Association of Retired Persons, Kiwanis International, the National Council of La Raza, and the National Council of Negro Women.

[286] 42 U.S.C. §§ 12571-12580.

[287] *See* Commission on National and Community Service, *Discretionary Funds*, 57 Fed. Reg. 30,724 (1992); *Youth Services Receive $63 Million Boost*, YOUTH TODAY, Sept./Oct. 1991, at 22.

[288] Bernard J. Bush, S. J., *The Role of the Religious Community in Addressing a National Disaster* (Sept. 14, 1991) (statement before the U.S. Advisory Board on Child Abuse and Neglect in Denver).

# VII. CONCLUSION: CREATING CARING COMMUNITIES

Because of the centrality of child maltreatment among the Nation's social problems, adoption of the Board's strategy is apt to have many positive side effects. Because child maltreatment itself is a powerful causal factor in other personal and social problems, prevention of child abuse and neglect is likely to result in reduction of other social ills. In addition to these positive downstream effects, the Board's strategy is likely to have direct positive side effects. For example, neighborhood quality is related to prevalence not only of child maltreatment but also of crime and delinquency. Similarly, a sense that one has little control over one's life -- that few resources are available with which to improve the outlook for the future -- is negatively related to mental health, educational achievement, and family planning. Accordingly, a comprehensive neighborhood-based, child-centered, and family-focused approach (although derived from an analysis of the factors causing child abuse and neglect or significant in its remediation) is likely to have positive effects on community safety, mental health, education, family welfare, and even the local economy. Because of the common factors, prevention is in a sense "generic."[289]

In part because of the centrality of child maltreatment, however, fulfillment of the Board's strategy will not be easy. It will require reversal of powerful social trends, within neighborhoods at highest risk (those that have been "drained") and the nation as a whole. The problem of child maltreatment is so complex -- increasingly so -- that the strategy necessarily includes many elements, and the science and technology of neighborhood development are only minimally developed. Careful research and planning will be necessary to refine the strategy and adapt it to the diverse communities in the United States.

Moreover, a focus on the social conditions that undermine the safety of children means that the responsibility for change must be shared not only by the individual families involved but also by service providers, the community, and all levels of government -- in fact, by society itself. This approach is more difficult than remediation, in which the burden of change falls chiefly on the client.[290] The Board's strategy thus requires us all to change -- a concept never easy to implement. The need for broad allocation of responsibility if prevention is to occur may be one reason why we as a society have seemed content to respond to crises in child protection rather than to prevent them. In the short run at least, crisis response is less threatening to the status quo, even if it lacks effectiveness in the long run.

Although the magnitude of the challenge should not be underestimated, the Board believes that its strategy can be accomplished. The proposed strategy is based on a vision of a "neighborly" society. Such a vision is consistent with themes long dominant in American culture (e.g., volunteerism and mutual assistance) and emphasized by both Presidents Bush and Clinton. Although the Board's strategy builds on such historic values of our society, it does so with recognition of the need to accommodate to trends in the post-industrial age that have weakened the expectation of voluntary help by neighbors for each other and that have reshaped not only neighborhoods but also the families within them.

The difficulty of the task inevitably will result in false starts and missteps along the way, but the Board believes that the Nation must act with vigor, speed, care, and commitment to weave a new social fabric in which the personal security of children is assured. Nothing less than the character of the Nation is at stake.

As the Board noted in the conclusion to its 1991 Report:

*When the nation is willing to tolerate the degradation and exploitation of hundreds of thousands of its youngest members, whose dependency it enforces by law and custom, it can make no claim of character....*

*...Failure to provide the most basic protection to children is a grievous collective assault that communicates a lack of respect for the dignity of children as people. At the same time, the nature and complexity of*

*child maltreatment are such that the problem negatively affects every member of American society. No other problem may equal its power to cause or exacerbate a range of social ills. In short, the national emergency in the child protection system represents not only a moral lapse but also the threat of disintegration of the nation's social fabric.*[291]

The United Nations Declaration of the Rights of the Child established the principle of ***children first***: "Mankind owes to the child the best it has to give." Ultimately the Nation should aspire to fulfill such a goal, which the global community has incorporated into international law through the Convention on the Rights of the Child. **For now, though, the Board is pleading not for the best but instead for the most basic -- a society in which children need not live in fear -- whether in their homes or elsewhere.**

To that end, the Nation must strive diligently to overcome the isolation created by the demands of modern life and exacerbated by the ravages of poverty. We must tear down the walls that divide us by race, class, and age, and we must create caring communities that support the families and shelter the children within them. We must take the time to see the need and to lend a hand.

The image that is presented is not of utopia but instead of a society that cares enough about children as people to permit childhood:

*What is the essence of childhood?...Our concept of childhood hinges on safety. Initially, the child inside its mother's womb is safe from the elements. Once born, the child is kept safe, fed, sheltered, and nurtured so that it can grow and develop, fulfilling its potential. In the first year of life, children become attached to parents, and the safety of these attachments permits children to explore the environment with confidence, knowing that they can always return to a safe haven. As children pass through the first decade of life, they should be able to broaden this "safe haven" to include the home, the neighborhood, and the school.* ***When children feel safe at home, they are ready to grow.*** *When safe in the neighborhood, children are ready to play and explore and form relationships with other children. When they feel safe at school, they are ready to learn and to become confident and competent adults.*[292]

To achieve this simple vision, **we must strengthen neighborhoods** so that people are involved with each other as a community and that adults feel competent as parents, empowered to protect the safety of their own children, and responsible for supporting each other. A "quick fix" or "band-aid" is not enough. Programs must be constructed in a manner that they facilitate **sustained** development of neighborhoods that are safe environments for families. People must have sufficient resources and sense of control over their own lives that they can help each other and that they can do so over the long term without feeling drained. Government at all levels can do much to facilitate such requisites for continuing safety for children and families; so too can private agencies, business, the religious community, and civic and philanthropic organizations. The Nation's child protection system must be redesigned to support even the most troubled and impoverished neighborhoods and families -- and to nurture and protect even the most vulnerable children within them.

**In 1991, the Board dedicated its report "to the many thousands of American children and families trapped in the throes of abuse and neglect who are waiting for our society, and its governments, to respond to their plight with *more* than just a report, and *more* than just an investigation. For their sake, and for the welfare of our nation, we hope they are reached in time."[293] In this report, intended to provide the design for a new national strategy for child protection, the Board renews that dedication.**

**The Board challenges not just the new Federal leaders but also the leaders both inside and outside government in States and communities throughout the Nation to consider the proposed strategy. It issues a special challenge to the field -- to child protection professionals -- to join with it in advocating policies and practices consistent with the strategy. Finally, it challenges all American adults to resolve to be good neighbors -- to know, watch, and support their neighbors' children and to offer help when needed to their neighbors' families.**

## ENDNOTES

[289] WILLIAM LOFQUIST, DISCOVERING THE MEANING OF PREVENTION 133 (1983).

[290] *Id.* at 12.

[291] CREATING CARING COMMUNITIES, *supra* note 7, at 152.

[292] GARBARINO ET AL., *supra* note 65, at 1 (emphasis added).

[293] CREATING CARING COMMUNITIES, *supra* note 7, at Dedication.

# VIII. APPENDICES

## APPENDIX A

### List of Recommendations in the 1993 Report of the U.S. Advisory Board on Child Abuse and Neglect

***Neighbors Helping Neighbors:***

***A New National Strategy for the Protection of Children***

## III.C. ELEMENT 1: STRENGTHENING NEIGHBORHOODS

### Recommendation 1

The Federal Government and private foundations should establish a large-scale demonstration program of *Prevention Zones* -- comprehensive efforts to improve the social and physical environments in declining neighborhoods with high rates of child maltreatment. These model neighborhoods should be diverse in geography, population density, and ethnicity. The trials should be closely monitored and rigorously evaluated. Principles learned should be widely disseminated and, with such modifications as suggested by evaluation studies, should lead to a large-scale national effort within five years.[1]

### Recommendation 2

With provision of research, consultation, training and technical assistance by the Departments of Agriculture and Housing and Urban Development and other relevant Federal agencies, City and County planners should work with interagency councils and neighborhood grassroots organizations to develop a Neighborhood Child Protection Plan for every neighborhood in their jurisdiction. To that end:

- Planners should work closely with civic, business, labor, and religious leaders, and most importantly, neighborhood residents themselves and their leaders.

---

[1] The Board notes that the Empowerment Zone concept proposed by the U.S. Department of Housing and Urban Development appears to contain important elements related to this recommendation and may have potential as a vehicle for its implementation.

- Planners should consider public safety, municipal services, housing, economic opportunities, health care, family planning, education, and social and recreational opportunities for children and families.

- Particular attention should be given to providing constructive opportunities for youth to network with each other, with positive adult role models, and to find positive roles for themselves in their community.

- Care should be taken to ensure representation of all segments of the neighborhood (including diverse ethnic groups) and to facilitate the involvement of mothers, fathers, grandparents, and children and youth themselves.

- Where child abuse coordinating and prevention councils are not present, planners should assist in their establishment and support.

**Recommendation 3**

Congress and the Administration should ensure that recipients of Community Development Block Grants use at least a portion of these funds in ways that will strengthen families as a means of preventing child abuse and neglect. Setting aside a small percentage of such funds to plan and implement neighborhood-based strategies for strengthening families and preventing child maltreatment would accomplish this, particularly if the appropriation for the Block Grant program is increased by a commensurate amount. Analogous programs for development and implementation of neighborhood plans for protection of children should be instituted in Federal economic development programs (e.g., the Appalachian Regional Commission) and other programs (e.g., the Bureau of Indian Affairs; the Cooperative Extension Service; and the Office of Rural Health Policy) that serve Tribes or rural communities.

**Recommendation 4**

Support should be provided for family resource centers and similar organizations that respond to the social, cultural, and economic needs of children and families at the neighborhood level. Federal support should be provided through full funding of the title on family resource centers in the Claude Pepper Young Americans Act. State legislatures, foundations, private businesses, and civic, philanthropic, and religious organizations should offer support, too. Whenever feasible, State and local agencies should integrate their existing services into such centers, which should involve active partnerships with parents. The first priority should be to support centers that knit people together in neighborhoods with few or declining community institutions.

**Recommendation 5**

The Department of Housing and Urban Development, analogous State, regional, and local agencies, and philanthropic organizations should support housing programs that increase neighborhood stability by reducing the necessity for frequent moves and facilitating interaction among families (including adults' involvement with children in their neighbors' families), providing safe physical environments for children, and enhancing ownership and personal investment in the neighborhood.

**Recommendation 6**

Large businesses and civic and religious organizations should "adopt" a particular high-risk neighborhood that they make a commitment to strengthen. This commitment must be fulfilled in collaboration with neighborhood residents in ways that empower rather than patronize. Implementation of the commitment might involve providing financial, human, or other resources directly to assist isolated children and families, promoting economic and other forms of development. It also might include mobilizing volunteers from the company's employees or the organization's members, promoting economic and other forms of development, and support and technical assistance to neighborhood leaders and institutions.

## III.D. ELEMENT 2: REORIENTING THE DELIVERY OF HUMAN SERVICES INCLUDING JUSTICE SERVICES

**Recommendation 7**

Child protection programs at all levels should place increased emphasis on preventing child abuse and neglect and providing treatment for those involved. The Child Abuse Prevention and Treatment Act, which requires investigatory mechanisms but does not expressly require prevention and treatment as a condition of State grants, should be amended to mandate all three.

**Recommendation 8**

Federal, State, and County Governments should take all steps necessary to ensure that effective mental health treatment is available and accessible to abused and neglected children and their families. Care should be taken to ensure that such coverage is included in any new national health care program. (Specific options for fulfilling this recommendation can be found in CREATING CARING COMMUNITIES, *supra* note 7, at Recommendation D-3a.)

**Recommendation 9**

The Secretary of Health and Human Services should direct the National Institute of Mental Health and the Center for Mental Health Services to undertake a major initiative to generate knowledge about effective treatment and related service systems for abused and neglect children and to disseminate such information to mental health programs throughout the Nation.

**Recommendation 10**

Consistent with recommendations of the National Commission on Children, support should be provided for experimentation with various strategies for increasing income support for impoverished families. In the short term, support should be provided for testing the effect of providing flexible, individualized, material supports in ways that encourage self-sufficiency for impoverished families at high risk.

**Recommendation 11**

With support by the Children's Bureau for testing and dissemination of effective models for recruitment and retention of foster parents of diverse ethnicity, States should take all steps necessary to professionalize family foster care. States should provide commensurate quality assurance, training, consultation, support services, payment, involvement in decision making, and recognition for foster parents.

**Recommendation 12**

The Secretary of Health and Human Services should direct the Children's Bureau, in collaboration with other relevant Federal agencies (e.g., health, mental health, and justice programs), to support research demonstration projects on alternative models of foster care. Such models (including kinship care, open adoption, whole-family foster care, and partial foster care) should involve accommodations to contemporary social realities and should fit into a broader system of neighborhood-based support for troubled families and for children who have been maltreated or who are at high risk of abuse and neglect.

**Recommendation 13**

The various agencies in the child protection system should give due respect to children's right to a family environment, as defined in the U.N. Convention on the Rights of the Child. Special efforts should be made to avoid separating children from their families unnecessarily. If a child is placed in out-of-home care, special care should be taken, consistent with the child's safety, to maintain relationships the child regards as important sources of support. These may include biological parents and siblings, foster parents, adoptive families, or unrelated adults such as schoolteachers.

**Recommendation 14**

The Secretary of Health and Human Services and the Attorney General should encourage experimentation with alternatives for permanency, including kinship care, guardianship, and long-term foster care, that do not require returning foster children to unsafe homes but that maintain relationships important to them.

**Recommendation 15**

Congress should amend the Child Abuse Prevention and Treatment Act to permit the Secretary of Health and Human Services to issue waivers to allow States to experiment with new standards for investigative responses to cases of suspected child maltreatment. The Secretary should direct the National Center on Child Abuse and Neglect or the National Institute of Mental Health, in collaboration with the Office of Justice Programs, to evaluate the effects of these experimental efforts. To the extent that changes prove successful, they should be incorporated into new standards for reporting and responding to cases of suspected child maltreatment.

**Recommendation 16**

State and Tribal courts and legislatures should seek to develop alternative means of dispute resolution in cases related to child protection so that the process may stimulate or enhance family and neighborhood responsibility. The Attorney General should direct relevant units of the Office of Justice Programs, in consultation with the National Center on Child Abuse and Neglect, to support evaluation of such innovations. Results should be disseminated, especially among State and Tribal legislators, judges, and justice system administrators. Whenever appropriate, experimentation should be coordinated with work by multidisciplinary task forces established by Children's Justice Act grantees.

**Recommendation 17**

The Attorney General should direct the Office of Justice Programs to support research and demonstration programs to increase understanding of the way that children experience the legal process, and to find ways to increase their satisfaction with it. The goal should be to make children "partners in the pursuit of justice." State and local bar associations should use this knowledge to enhance the training of attorneys and lay advocates who represent children in child protection proceedings.

**Recommendation 18**

State and Tribal legislatures should ensure that children have legal standing to file actions or appeal decisions, including dispositional orders, in matters pertaining to their protection and care. Congress should act to provide children with access to Federal courts to remediate any failure by States to exercise reasonable efforts to protect children from harm and to promote stability in their lives.

**Recommendation 19**

In collaboration with the President of the Legal Services Corporation and relevant associations of lawyers and judges, the Attorney General should provide research, training, and financial support to improve the quality of representation of children in civil child protection proceedings. Such efforts should include development and dissemination of model court rules and standards of practice to guide attorneys and guardians ad litem in their work.

**Recommendation 20**

With appropriation of necessary funds, Congress should require the States to establish an office of ombudsman for children, especially those in out-of-home care, as a condition of receiving funds under Title IV-E of the Social Security Act. State legislatures should ensure that ombudsmen have full access to children in out-of-home care and other public programs and facilities and that children have access to the ombudsmen. Legislatures also should ensure that ombudsmen have the independence necessary to represent children's interests effectively.

**Recommendation 21**

Federal agencies that directly or indirectly support facilities providing out-of-home care for children should collaborate in gathering and disseminating knowledge about good practice, regulation, and other mechanisms that effectively prevent child maltreatment in these facilities. These agencies, including the Departments of Education, Justice, and Health and Human Services, should then collaborate in developing, implementing, and evaluating standards and procedures to prevent institutional child maltreatment.

## III.E. ELEMENT 3: IMPROVING THE ROLE OF GOVERNMENT IN ADDRESSING CHILD MALTREATMENT

**Recommendation 22**

The Federal Government should establish a National Child Protection Policy (see Appendix B). The goal of the policy should be to facilitate comprehensive community efforts to ensure the safe and healthy development of children and youth. The policy should be incorporated into the United States Code as an intrinsic part of the Child Abuse Prevention and Treatment Act. The policy should drive the child protection-related activities of all Federal agencies. State Governments should establish analogous State Child Protection Policies.

**Recommendation 23**

Congress should act to build a financing system consistent with a comprehensive child-centered, neighborhood-based, family-focused child protection system. To that end:

- **The Congressional leadership should work to minimize fragmented committee jurisdiction that impedes integration of funding streams.**

- **Congress should reallocate existing resources from a focus on supporting the costs of out-of-home placement to a focus on preventive, "front-end," intensive, and comprehensive services, with emphasis on neighborhood-based services.**

- **Congress should provide for increased flexibility for blending funds across sources and categories, provided that such integration is consistent with State and Neighborhood Child Protection Plans.**

- **Until Congress provides substantial funds in various sectors for prevention and treatment of child abuse and neglect, the Child Abuse Prevention and Treatment Act should be amended to permit -- and indeed to encourage -- States to spend their allotments for the purpose of prevention and treatment, not CPS improvement.**

- **Whenever feasible, Congress should provide for direct grants, rather than reimbursement for unit-based services, to neighborhood programs for the purpose of strengthening families and prevention and treatment of child abuse and neglect. Accountability should be ensured through evaluation based on outcome rather than simple quantification of services provided.**

## III.F. ELEMENT 4: REORIENTING SOCIETAL VALUES THAT MAY CONTRIBUTE TO CHILD MALTREATMENT

### Recommendation 24

The new President should act promptly to sign the Convention on the Rights of the Child and should submit it to the Senate with appropriate reservations, understandings, and declarations to adapt the Convention to the American federalist system. The Senate then should act with all deliberate speed to ratify the Convention. Even before the Convention is signed and ratified, States, Tribes, Counties, and municipalities should adopt it as a set of principles to guide their policies affecting children.

### Recommendation 25

The various television networks and producers should join in resolving to diminish the level of violence on television. Congress, relevant professional associations, and the general public should join in advocacy for such change.

### Recommendation 26

Civic, political, and religious leaders should unite in proclaiming the message that violence, especially violence against children, is an unacceptable means of resolving conflict. Professional associations should join in this message and in education of their members and the general public about nonviolent means of discipline and dispute resolution.

**Recommendation 27**

Congress should make receipt of Federal funds by any program or facility contingent on prohibition of corporal punishment within it. (The Board reiterates its strong endorsement of Recommendation B-3 in CREATING CARING COMMUNITIES, *supra* note 7.)

**Recommendation 28**

Every school should emphasize, facilitate, and teach nonviolent approaches to conflict resolution. This philosophy should be reflected in the school's discipline policies, its courses, and its athletic programs. Relevant Federal and State agencies, including the U.S. Department of Education, should stimulate the development, evaluation, and broad-scale implementation of such approaches.

**Recommendation 29**

The Secretary of Health and Human Services should direct the National Institute of Mental Health, or the National Institute of Child Health and Human Development, to undertake an initiative for research on the relation of public attitudes to the problem of sexual abuse and on means of community change consistent with its prevention. In the meantime, civic, professional, and religious leaders, as well as celebrities in entertainment and sports, should join to promote healthy attitudes toward sexuality and to promote respect between the sexes, particularly by men for women. The media also should make special efforts not to communicate messages that condone or encourage child sexuality or the sexual exploitation of children.

**Recommendation 30**

Schools, churches, community development agencies, and other community organizations should strengthen their efforts to represent and celebrate the cultures they serve by enlisting parents and community leaders of diverse backgrounds in planning various cultural appreciation events. The goal should be to foster greater appreciation for cultural diversity, including both pride in one's own culture and respect for the cultural backgrounds of others.

**Recommendation 31**

In all child protection activities, including graduate and professional education, cultural competence should be an emphasis. Efforts should be made to incorporate traditional means of helping and dispute resolution whenever appropriate. Cultural competence should not be a substitute for affirmative action in employment; diligent efforts should be exercised to build a staff that represents the neighborhoods and cultures served.

## III.G. ELEMENT 5: STRENGTHENING AND BROADENING THE BUILDING OF KNOWLEDGE ABOUT CHILD MALTREATMENT

**Recommendation 32**

Federal agencies should ensure that child protection activities supported with Federal funds are subjected to rigorous evaluation, that funding decisions about demonstration grants are based in part on the proposed projects' potential contribution to knowledge, and that findings of such studies are applied in the design and implementation of programs in the child protection system.

**Recommendation 33**

In collaboration with other Federal agencies as relevant, the National Institute of Mental Health should solicit research, including research demonstrations, to clarify the relationships among social support, material support, culture, and child maltreatment.

**Recommendation 34**

Relevant Federal agencies should encourage research that assesses (1) children's, parents', neighbors', and workers' own experience of the context in which child maltreatment occurs and (2) their perceptions of the systemic responses to the problem.

# APPENDIX B

## U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT PROPOSED NATIONAL CHILD PROTECTION POLICY

### DEFINITIONS:

**Child protection system** refers to the entire system that serves children and their families in cases where:

- risk of child maltreatment exists,
- maltreatment has been reported, or
- maltreatment has been found to exist.

The child protection system includes but is not limited to **child protective services (CPS)**, the State or County child welfare agencies mandated by law to protect abused and neglected children. Other components of the child protection system include law enforcement, education, health and public health, mental health, developmental disabilities, and court agencies. The system includes public, private, and voluntary agencies and organizations.

A **comprehensive** child protection system is one that incorporates the [relevant] provisions identified [in the FINDINGS section] *infra*.

A **child-centered** child protection system is one that:

- takes children seriously as individuals,
- gives primary attention to their best interest, as reflected in their needs and experiences,
- provides opportunities and such representation as may be necessary for children to be heard in matters pertaining to them (when children are capable of such expression), and
- responds flexibly to the diversity of their cultural backgrounds and the circumstances in which they find themselves.

Adoption of the perspective of the child will lead in most instances to a concern with strengthening families.

A **family-focused** child protection system is one that, consistent with [the third declaration in the DECLARATIONS section *infra* and the relevant tenet in the TENETS section *infra*], recognizes the paramount importance of the family for the development of children.

A **neighborhood-based** child protection system is one in which:

- primary strategies are focused at the level of urban and suburban neighborhoods and rural communities,
- social and economic supports for troubled families and children are developed at the neighborhood level, where neighborhood is defined by geographic boundaries, and
- both formal and informal services (e.g., volunteer, professionally-facilitated self-help programs) that are based on the principle of voluntary help by one citizen for another are widely available, regardless of whether access to such services is determined by place of residence.

**DECLARATIONS:**[1]

Respect for the inherent dignity and inalienable rights of children as members of the human community requires protection of their integrity as persons.

Children have a right to protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child, including children residing in group homes and institutions.[2]

Children have a right to grow up in a family environment, in an atmosphere of happiness, love and understanding.[3]

The several Governments of the United States share a profound responsibility to ensure that children enjoy, at a minimum, such protection of their physical, sexual, and psychological security.

The several Governments of the United States bear a special duty to refrain from subjecting children in their care and custody to harm.

Children have a right to be treated with respect as individuals, with due regard to cultural diversity and the need for culturally competent delivery of services in the child protection system.

Children have a right to be provided the opportunity to be heard in any judicial and administrative proceedings affecting them,[4] with ample opportunity for representation and for provision of procedures that comport with the child's sense of dignity.

---

[1] Underlined language is drawn from the United Nations Convention on the Rights of the Child, sometimes with minor revision for grammatical form.

[2] *Id.*, art. 19, subsection 1.

[3] *Id.*, preamble.

[4] *Id.*, art. 12.

The duty to protect the integrity of children as persons implies a duty to prevent assaults on that integrity whenever possible.

**FINDINGS:**

Each year, hundreds of thousands of American children are subjected to abuse, neglect, or both.

Often the child protection system fails to protect such children from further maltreatment or to alleviate the consequences of maltreatment.

The child protection system has developed largely in unplanned fashion, with resulting failure (a) to reach many of the children in need of protection and (b) to provide effective services to them and their families.

Substantial gaps exist in knowledge about child abuse and neglect, the diffusion of that knowledge, and the development of a pool of trained professionals who are specialized in child protection.

Tolerance of child abuse and neglect threatens the integrity of the nation because of its inconsistency with core American values: regard for individuals as worthy of respect, reverence for family life, concern for one's neighbors (especially those who are dependent or vulnerable), and competence in economic competition.

Failure to provide an effective system of child protection also imperils the nation by increasing the risk of crime and physical and mental disability, diminishing the level of educational achievement, and threatening the integrity of the family.

Such consequences of child abuse and neglect cost the nation billions of dollars each year in direct expenditures for health, social, and special educational services and in long-term loss of worker productivity.

Deterioration in the quality of urban neighborhoods and rural communities increases the isolation of families from their neighbors and, therefore, the rate of child abuse and neglect; child maltreatment itself tears the social fabric of the community and thus escalates the decline of neighborhoods and communities in crisis.

Although the family remains the most fundamental unit in American society, the family has undergone substantial change in recent decades, and the nature of child maltreatment has become more complex. The complexity of the task of child protection has increased commensurately.

An effective response to the problem of child abuse and neglect requires a **comprehensive** approach that:

- integrates the contributions of social service, legal, health, mental health, and education professionals,
- provides for coordinated roles of (a) private child welfare, mental health, and advocacy agencies, (b) civic, religious, self-help, and professional organizations, and (c) individual volunteers,
- assures the protection of children while in each of the relevant service systems,
- provides for coordinated roles of all levels of government, in cooperation with the private sector, and
- ensures that adequate provision is made in the child protection system for prevention, investigation, adjudication, and treatment.

The prevention and treatment of child abuse and neglect are most effective when organized and delivered at a neighborhood level.

Failure to provide a comprehensive child protection system integrated across and within levels of government (in cooperation with relevant private-sector organizations) results in waste of many of those resources now allocated for child protection.

Substantial reduction of the prevalence of child abuse and neglect and alleviation of its effects when it occurs are matters of the highest national priority.

**THE FOLLOWING TENETS ARE HEREBY DECLARED TO BE THE CHILD PROTECTION POLICY OF THE UNITED STATES:**

The child protection system should be comprehensive, child-centered, family-focused, and neighborhood-based.

The principal goal of governmental involvement in child protection should be to facilitate comprehensive community efforts to ensure the safe and healthy development of children.

Federal authorities should exercise due care to ensure that standards and procedures for public financing of child protection efforts promote and do not inhibit flexible, integrated approaches to child protection in all of the systems of service (e.g., education, mental health) for children and families.

Because of (a) the link between poverty and some forms of child maltreatment and (b) the limited resources available in impoverished communities, Federal aid for child protection should be distributed with due regard to relative financial need of States, their political subdivisions, Tribes, and community health and mental health catchment areas.

Recognizing the complex nature of child maltreatment, Federal authorities should stimulate, integrate, and coordinate leading child protection programs, at least in those public, private, and voluntary agencies that have responsibility for carrying out Federal efforts in social services, health, mental health, advocacy, education, law enforcement, corrections, housing, cooperative extension, volunteer action, and the administration of justice.

Federal authorities should ensure that direct child protection services to children and families within Federal jurisdiction (e.g., military families; Native Americans) are exemplary in quality and that relevant Federal agencies provide models of culturally competent child protective strategies that may be adopted in other communities.

The child protection system should incorporate all appropriate measures to prevent the occurrence or recurrence of child abuse and neglect.

The child protection system should incorporate all appropriate measures to promote physical and psychological recovery and social re-integration of a child victim of any form of neglect, exploitation or abuse; such recovery and re-integration should take place in an environment which fosters the health, self-respect and dignity of the child.[5]

As the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, the family should be afforded protection and assistance necessary for it to assume its responsibilities fully within the community.[6] The several Governments of the United States, in cooperation with private organizations, should act:

- to strengthen families in general to minimize the circumstances that may cause or precipitate child abuse and neglect,
- to provide intensive services to avoid the removal of children from family environments at times of crisis, and
- to make all reasonable efforts to reunify families when abuse or neglect has resulted in removal of a child.

Comprehensive child protection plans should be developed regularly at all levels of government and should show due sensitivity to the cultural diversity and individual needs of children and families.

Child protection efforts should be integrated with broader child and family policy, pursuant, e.g., to the recently-enacted Claude Pepper Young Americans Act.

---

[5] *Id.*, art. 39.
[6] *Id.*, preamble.

***Federal agencies are hereby directed to use all means practicable, including financial and technical assistance -- in cooperation with State, Tribal, and local governments and other concerned public and private organizations -- to fulfill this policy and to act with due urgency in doing so.***

To that end, the several agencies of the Federal Government with responsibility for child protection should take all steps necessary to ensure that every community in the United States has the resources -- fiscal, human, and technical -- required to develop and implement a child protection strategy that will:

- ensure the safety of children,
- prevent child maltreatment, whenever possible,
- result in timely, sensitive, and accurate investigation and assessment, whenever child maltreatment is suspected or known to have occurred,
- result in treatment to ameliorate the effects of abuse and neglect on children and family members,
- aim, whenever possible, to rebuild the families whose ties have been frayed by maltreatment, and
- assure safe, stable, and nurturing substitute family environments when children are temporarily or permanently unsafe in their biological families.

Among the steps that should be taken by the Federal Government to assist communities in their child protection and family strengthening efforts are the following:

- facilitation of community planning;
- generation and diffusion of knowledge relevant to child protection, including models for prevention and service delivery;
- strengthening of States' capacities to assist communities, particularly with respect to moving toward more voluntary preventive services as opposed to emphasizing investigation and foster care;
- stimulation of the growth of human resources (professional, paraprofessional, and volunteer) that communities may use in fulfillment of their plans for child protection;
- sharing of financial resources necessary to implement community plans;
- leadership in uniting caring communities unwilling to tolerate the abuse and neglect of their youngest members.

# APPENDIX C

## Executive Summaries of Six Papers Commissioned by the U.S. Advisory Board on Child Abuse and Neglect

## 1. NEIGHBORHOOD-BASED PROGRAMS

### *Executive Summary*

**James Garbarino**
**Kathleen Kostelny**
**Erikson Institute**
**Chicago, Illinois**

Families live in neighborhoods. Some of these neighborhoods enhance parent-child relations; others exacerbate problems in families. Research conducted in communities across the country highlights the fact that socioeconomic and demographic risk factors tend to cluster in neighborhoods. The trend in many areas is for increasing negative social momentum: more concentration of poverty, less active neighborhood cooperation, fewer social support systems functioning on behalf of families. Poverty is the most powerful predictor of such negative trends, but these trends are evident even in some areas with adequate income.

Research identifies many influences on the ability and willingness of neighborhoods to function in support of families to prevent child maltreatment and protect children. These influences include:

- the role of community violence in suppressing neighborhood functioning;

- the lack of neighborhood-based models for child and family-oriented human services;

- the difficulty involved in coordinating the efforts or "indigenous" and paraprofessional staff with professional activities;

- the need for outside interventions to reverse inertia and negative momentum in many high-risk neighborhoods.

The existing research implies a program of well designed and funded demonstration projects to test empirically the potential of neighborhood-based projects to address child maltreatment. The highest priority for these demonstration efforts is the creation of "prevention zones" in which enhanced law enforcement, social service and economic development efforts are coupled and coordinated to produce simultaneously basic safety and security, employment opportunities, and family psycho-social support.

Such a demonstration project (with perhaps 20 sites set in contrasting communities across the United States) would permit a much needed empirical test of emergent hypotheses regarding neighborhood-based efforts. Specifically:

1. Full employment serves as a critical factor in stabilizing neighborhoods and permitting family support to function on behalf of children;

2. Professional leadership is critical, but insufficient alone. Heavy reliance on well-trained paraprofessionals who are supervised by professionals to reach large numbers of families is essential.

3. "Community policing" in which law enforcement is neighborhood oriented (local substations, stable assignment of officers, special training in community relations, etc.) is an essential component.

4. Schools can serve as a focal point for "prevention zones," but only to the degree that the schools are themselves neighborhood-based (i.e., draw their students from the immediate geographic area of the school).

In sum, this paper can serve as a "user's guide" for neighborhood-based and neighborhood-oriented programs. Combining these principles of operation with the results of systematic (and well evaluated) social experimentation should lead us to make real progress in utilizing the potential of neighborhoods as social support systems in preventing and responding to child maltreatment.

# 2. SOCIOCULTURAL FACTORS IN CHILD MALTREATMENT

*Executive Summary*

**Jill E. Korbin, Ph.D.**
**Associate Professor Department of Anthropology**
**Case Western Reserve University**
**Cleveland, Ohio**

Neighborhoods, and the individuals that comprise them, must be empowered to identify and meet their needs and to provide the best possible environment for their children. The challenge in culturally competent child protection is to respect cultural differences while ensuring equitable standards of protection for all children. Accommodating the multicultural nature of our nation is critical to the success of neighborhood-based child protection. However, ensuring equitable responsiveness to all children, regardless of their cultural background, is equally critical.

Definitions of child abuse and neglect must be culturally-informed and culturally-competent. The cultural context and continuum of acceptable and unacceptable behavior must be well understood. Culture and child maltreatment are both difficult to define. They are political as well as social and scientific terms and their meanings have changed over time. The importance of incorporating culturally-informed definitions of child abuse and neglect in a neighborhood- based strategy is in the identification of cases of child maltreatment. The goal should be congruence on definitions that provide a basis for differentiating what is cultural and what is maltreatment (or the components of each) such that prevention, identification, and intervention can be accomplished on a consensus, rather than an adversarial, basis.

Cultures and ethnic groups are not homogeneous and substantial diversity exists within any group. Culture and ethnicity are too often defined on the basis of large groupings of people based on skin color or geographic area from which descent can be traced. Broad racial designations do not accurately identify the cultural composition of a neighborhood. There is diversity within any cultural group, and this intracultural diversity must be well-understood for a successful neighborhood-based child protection strategy.

No cultural, ethnic or racial group in the United States has been demonstrated to have greater rates of child maltreatment. Incidence and prevalence studies do not indicate a clear and consistent pattern of cultural, ethnic, or racial differences in maltreatment rates that are not seriously confounded with socioeconomic status. Inadequate definitions and reporting bias further complicate this issue.

The impact of culture on child abuse and neglect is poorly understood and more research must be undertaken. Even though there are not clear differences among racial, cultural or ethnic groups in rates of maltreatment, culture and ethnicity are important in prevention, treatment and policy. That is, just because culture is not significant in rates of reported child abuse and neglect does not mean that it can be dismissed in a neighborhood-based strategy. The balance of cultural risk and protective factors must be considered in examining the impact of culture on child maltreatment.

There have been few published examples of culturally- specific prevention efforts or therapeutic interventions. Nevertheless, culture permeates virtually all aspects of individuals' lives and must be incorporated into a neighborhood-based strategy.

Suspicion of a child protection system that has been investigative and punitive may be particularly strong among culturally and ethnically diverse populations. This suspicion must be addressed by empowering neighborhoods to identify their needs and strengths.

A successful neighborhood-based system must adopt a difference model rather than assuming a deficiency in some cultural and ethnic groups.

The cultural and ethnic composition of a neighborhood must be represented in research and practice. This may be accomplished through increasing the proportion of culturally-diverse professionals and/or through advisory or citizen review boards. Research proposals should include samples that are culturally representative of the neighborhood being studied.

All neighborhood child protection workers should be encouraged and rewarded for spending time in the neighborhood unrelated to child abuse and neglect investigation and intervention. This will afford a better understanding of the cultural continuum of behaviors and the point at which deviance in child care is defined from within the culture.

Neighborhoods cannot be defined on the basis of socioeconomic status or cultural composition alone. All poor neighborhoods are not alike in the risks posed and protective factors present. All White neighborhoods are not alike, nor are all Black or Hispanic or Asian neighborhoods. Culture and ethnicity must be self-defined, not identified from the outside.

# 3. CHILD PROTECTION AND OUT-OF-HOME CARE: SYSTEM REFORMS AND REGULATING PLACEMENTS

*Executive Summary*

**Paul Lerman**
**Distinguished Professor of Social Work and Sociology**
**Rutgers University**
**New Brunswick, New Jersey**

## Introduction

Children and youth who have experienced abuse or neglect can be found in substantial numbers in out-home-placements associated with the fields of mental health, child welfare, and juvenile corrections. While residing in residential treatment centers, group homes, or detention centers, they are at risk of once again experiencing abuse or neglect by staff or other peer residents. In addition, there exists evidence on a national scale that children and youth without a prior experience of abuse or neglect are at-risk of becoming a victim of abuse or neglect in an out-home-placement.

The diminution of abuse or neglect in out-home-placement is an important aim of any broad children protection strategy. Reducing out-of-home placements in the three major systems dealing with children and youth (i.e., mental health, child welfare, and juvenile corrections) is a logical target of any abuse-prevention policy. In addition, improving the regulatory oversight of placements-if placement cannot be prevented-is a second target of any abuse-prevention policy. This paper assesses the research and service literature for insights regarding the reduction of placements and the regulation of out-home-settings. Specifically, these twin goals are pursued by:

1. Describing and examining leading examples of comprehensive service systems reforms that possess the potential-by design and implementation-to yield services that can provide care, protection, and treatment while reducing placements, or providing alternatives to restrictive out-of-home settings.

2. Describing and examining leading examples of regulatory reforms that possess the potential-by design and implementation-to symbolize and enforce the goals of child protection for children at-risk of placement or in a placement of any duration.

At a minimum, a national strategy of reducing and/or preventing institutional abuse neglect during a single year would need to target 1 to 1.4 million youth under the 18 years of age-or 1.5 to 2.0 per cent of the under 18 youth population. The usual figure of half a million at-risk youth-often cited by officials-is off the mark by at least 100 per cent.

## Service System Reforms: Mental Health

Programs that are components of service systems have historically attracted the greatest amount of evaluation resources and attention. But service system reforms that attempt to incorporate program innovation, within a broader, more closely coordinated, network of services may offer a unique contribution to a national child protection strategy. Three types of service system reforms were examined: 1) an ideal system, implemented at Fort Bragg, North Carolina, and funded by national military funds on behalf of civilian families of military service personnel; 2) a cost-offset system, implemented in Ventura County, and funded by special funds connected to reductions in state placements; and 3) an individualized, non-program component, model in Alaska, funded by state funds formerly allocated to out-of-state placements.

While each system reform was guided by a distinct philosophy, target population, referral sources, and coordinating mechanisms, each system shared a critical design feature-the creation and implementation of special control mechanisms to screen all out-of-home placement decisions. These distinct placement controls insured that placements were, in practice, actually reduced to achieve system-wide goals. Besides monitoring the decisions of judges, clinicians, and social workers, each system devised mechanisms for securing high degrees of flexibility in spending funds for a mixture of services.

Existing evaluations tend to focus major emphases on out-of-homes placement reductions, and fiscal savings per capita served, but there is insufficient evidence that youth are really "better off" for having been clients of the reform systems. The Ventura County model has made the strongest effort to assess improved school behaviors, but more empirical research is necessary to yield convincing evidence that families function more smoothly, youth are less deviant, and that presenting psychiatric symptoms have been reduced.

## Service System Reforms: Child Welfare and Juvenile Corrections

Two additional models of system reform were assessed-one from child welfare and one from juvenile corrections. The child welfare system reform involved the decategorization of 30 distinct funding streams in Iowa for four demonstration counties, and the allocation of a single funding package-provided that counties engaged in a local planning effort that yielded a "bottom-up" design of services. The plan had to be co-signed by three local officials-the presiding juvenile court judge, the county Board of Supervisors, and the County Human Services Director. The juvenile corrections reform focused on the state of Massachusetts, where a system of community-based services had been created and implemented over a 20 year period by State Officials.

Both models emphasized the provision of a broad array of services to replace more restrictive out-of-home placements, coordination mechanisms, and flexible funding. Both models, in practice, reveal an inability to provide evidence that all forms of placements were indeed, reduced. One county in Iowa was unable to demonstrate whether local detention and local secure residential placements substituted for any reductions in state-administered placements. The Massachusetts system reform was unable to demonstrate that "intermittent" confinement of youth on parole may have substituted for "court arraignments" as indicators of system effectiveness. A complete assessment of the ability of these system reforms to reduce out-of-home placements of all types, while demonstrating an ability to improve the functioning of youths and their families, requires further detailed studies.

## The Regulation of Out-of-Home Placements

If placements can not be prevented, then improvements in the design and implementation of regulatory statutes and organizational mechanisms can also be used to reduce the likelihood of institutional abuse and/or neglect. Five regulatory strategies were assessed: 1) devising statutory protection for minors entering inappropriate forms of out-of-home care, treatment, and custody; 2) specifying definitions of out-of-home care abuse and/or neglect that is congruent with non-familial settings; 3) upgrading licensing capabilities and responsibilities; 4) improving the monitoring and enforcement of statutory standards; 5) subsidizing and supporting child advocates capable of monitoring and investigating suspected cases of abuse and/or neglect; and 6) using research surveys of youthful clients to monitor actual placement experiences by potential victims of sexual and physical abuse or neglect.

A broadened statutory approach to child protection could legislate a "statutory presumption" against institutional placements. The use of this standard could require placement decision-makers to document that less restrictive placement alternatives were unsuccessful, and that imminent danger of harm does, in fact, exist. The use of such a standard could provide a measure of consideration in balancing the potential harm of a placement prior to a non-emergency removal and the potential harm to self or others by remaining in the current residence.

A majority of states do not have statutes that clearly distinguish between the broad levels of permissible physical, social, and emotional behaviors engaged in by parents and the narrow levels of tolerance permitted under the authority of publicly funded and/or administrated placements. The absence of clear distinctions between types of abuse can make it more difficult to enforce licensing standards. Clearer standards of behavior could assist administrators to educate and socialize child care and professional staff regarding impermissible behaviors.

Many licensing standards tend to emphasize physical features of foster care homes and institutional facilities. Studies of the health status of foster children indicate that additional standards that emphasize nutrition and health needs may be useful in insuring equal access and use of medical services. One legal scholar has cited the "woeful inadequacy" of medical care for foster children as an integral part of an argument for an expanded constitutional protection of children and youth. Rather than wait for court decrees, it might be more appropriate to expand licensing statutes to require that health care services for out-of-home children meet the standards set forth by the Academy of Pediatrics and the American Dental

Association. Quality assurance units within licensing organizations-independent of placement units could be mandated to operate utilization and peer reviews of health records of children in placement.

The enforcement of institutional abuse statutes and regulations involves assessing the scope of enforcement jurisdiction, so that it can allocate major investigative resources to monitor the most restrictive forms of placement as a top priority. In order to engage in enforcement activities in a strategic manner, it is important that investigative units be independent of placement organizations and staff on distinguishing legal and social concerns about allegations of abuse and/or neglect.

The adult systems of mental health and developmental disabilities are provided with federal subsidies to engage in protection and advocacy activities. If a comparable federal statute were provided for children and youth then a "Protection and Advocacy System" for minors would receive up to $21 million-the level provided to the "Protection and Advocacy System" for persons with developmental disabilities.

A recently completed survey of former foster care children, funded by a national organization with high professional standards, revealed an unusual number of unknown reports of sexual and physical abuse and neglect. A sustained effort to include social science survey research as independent fact gatherers from children leaving placement could yield crucial information in monitoring and assessing all placements.

# 4. THE ROLE OF MATERIAL FACTORS IN CHILD ABUSE AND NEGLECT

*Executive Summary*

**Leroy H. Pelton**
**School of Social Work**
**Salem State College**
**Salem, Massachusetts**

There is overwhelming and remarkably consistent evidence--across a variety of definitions and methodologies, and from studies performed at different periods of time--that poverty and low income are strongly related to child abuse and neglect and to the severity of child maltreatment. Children from impoverished and low-income families are vastly overrepresented in the incidence of child abuse and neglect. The strong relationship between poverty and low income and child abuse and neglect holds not only for child abuse and neglect in general, but for every identified form of child abuse and neglect, including emotional abuse, emotional neglect, and sexual abuse.

In fact, there is a strong funneling effect in regard to child abuse and neglect and their severity, with the poorest children in our society being at greatest risk (having the highest incidence rates) and the wealthier children being at least risk (having the lowest incidence rates). Approximately 40 to 50% of all child abuse and neglect incidents occur within the less than 15% of all American families with children that live below the poverty level. More than 90% of all incidents occur in families below the median income, meaning that another 40-50% of all incidents occur within the roughly 35% of families with incomes above the poverty level but below the median income.

Thus the incidence rate is less than half for children in such families than it is for children living in families below the poverty level. Finally, less than 10% of all incidents occur within families with incomes above the median. Thus children in families with incomes above the poverty level but below the median income are at five to seven times greater risk than children in families with incomes above the median, and children in families below the poverty level are at 13 to 17 times greater risk.

There is substantial evidence to indicate that this strong income relationship is not merely an anomaly of reporting systems or personal biases. Moreover, this relationship is blind to race and ethnicity.

AFDC families involved in child abuse and neglect incidents have been found to be existing at lower material levels of living than other AFDC families. Their comparatively greater material hardships include more overcrowded and dilapidated housing, not enough beds for their children, less likelihood of having basic amenities such as air conditioners and telephones, and greater likelihood of at least occasional hunger. There is an astoundingly high prevalence of a wide range of serious health problems among both parents and children in AFDC families involved in child abuse and neglect, but there is no evidence yet that this prevalence is higher than among other AFDC families.

Unemployment is strongly related to child abuse and neglect, but not independently of the extent of the material hardship it might cause. That is, job loss is more strongly related to child abuse and neglect among families who are already poor and do not have the financial resources to cushion the additional blow of job loss (and therefore loss of income) upon their material circumstances.

Most impoverished parents do not abuse or neglect their children. Both evidence and logic suggest that the relationship between material hardship and child abuse and neglect is mediated by an interaction between individual differences in the cognitive ability to cope with poverty and the extent of the dangerousness and inadequacy of the material conditions of one's environment.

For people living in poverty, adequacy of child care is dependent upon one's ability to cope with poverty. But adequacy of care is also relative to the adequacy of the environment. What is adequate child care in one environment may be inadequate in a more dangerous one. The diligence of care necessary to protect a child in a dangerous environment is greater than in a safer environment. To the extent that their environments and living conditions are made less dangerous, the quality of care that parents with the least ability to cope with poverty are capable of giving, although the same as before, will now be less inadequate. Such parents will be less susceptible to a judgment of neglect, and will be less likely to resort to abuse of their children in desperate attempts to control their behavior to keep them away from the hazards of their environment--hazards which include the sexual abuse that may occur within a dangerous neighborhood environment.

Evidence pertaining to the provision of a wide variety of material supports and concrete services--including higher AFDC benefits, employment, day care, window guardrails, and emergency cash assistance--suggests that such supports and services may reduce the incidence of child abuse and neglect and the need for foster care placement. It is recommended that future research should include experimentally controlled studies designed to assess the separate effects of a variety of different material supports, independently of other types of services, in regard to the prevention of child abuse and neglect.

Moreover, it is recommended that more efforts should be made to study impoverished parents who provide excellent care and nurturance to their children despite the context of an adverse environment, in order to discover the specific strengths that enable them to do so. However, although in the long term, we must increase the individual competencies and inner resources of all who are deficient, this goal is most likely to be achieved through the opening up of opportunities for decent education, jobs, and careers, and through ensuring the health and safety of children to allow them to take advantage of such opportunities as they grow up. We must address the poverty conditions that leave children abused, neglected, or otherwise harmed in the short run, if we are to increase individual competencies and inner resources in the long run.

The unavoidable conclusion is that the most effective way to reduce child abuse and neglect is to reduce poverty and its material hardships by increasing the incomes of families to at least above the poverty level. Various proposals have been put forth previously for reducing child poverty. They include setting AFDC benefits nationally at or above the poverty level and indexing them to cost-of-living increases; providing a guaranteed minimum annual income, at the poverty level or up to one-half the national median income; assuring a full-employment economy through the creation, if need be, of government jobs programs; establishing an unconditional right to employment at wages compatible with an adequate level of living; increasing mandated minimum wages; creating a universal children's allowance in the form of a direct cash payment or a refundable tax credit, as is done in all western European countries; promoting full utilization of the Earned Income Tax Credit; and creating a national child support enforcement program coupled with a government-insured minimum benefit plan to address instances in which absent parents do not meet their child support obligations.

The concern here is simply that there is a direct and intimate relationship between magnitude of family income and incidence rate of child abuse and neglect, and that the most effective way to reduce child abuse and neglect would be to increase family income, especially at the lowest regions of the income scale, no matter what means are employed to increase income levels.

Child abuse and neglect are directly and intimately related to material hardship. Deficient material conditions and circumstances form the context in which child abuse and neglect occur, and in the absence of which child abuse and neglect are less likely to occur, and less likely to result in severe harm to children. If child abuse and neglect are to be reduced, material supports must be provided to impoverished and low-income families. Some of these supports can best be provided through national policies. Thus, it is contended here, recommendations for a national universal health care system, a universal day-care system, and renewed federal efforts to provide public housing are directly relevant to a national strategy to reduce child abuse and neglect. Likewise, recommendations for full funding of WIC, expansion of Head Start and public prekindergarten programs, and the development of parental-leave policies are also consistent with such a strategy.

Our current child abuse and neglect prevention strategies have helped to create the erroneous impression that many impoverished parents (those accused of child abuse and neglect) do not care much about their children's welfare. This false assumption, in turn, has reinforced the coercive approach to child protection that guides our current child welfare system. Current public child welfare agencies are not adequately equipped to deliver concrete services and programs to address the material hardships of impoverished and low-income families, and are not designed to do so. Large parts of the budgets of these agencies are devoted to foster care and the investigation of child abuse and neglect complaints, and few social services are provided in child protection cases. Moreover, because of the prospect of being stigmatized as abusers or neglecters, and the possibility of having one's children taken away, and perhaps because of the unlikelihood of receiving needed concrete services, few parents involve themselves with the agencies voluntarily, or through self-referral.

Therefore it is recommended that, in every state, a state child welfare agency be established whose sole function would be to provide social services and programs on a voluntary acceptance basis, to all families who want and need such services and cannot afford to purchase them on their own. Such an agency would not be involved in any way in foster care placement and investigative functions. The new state child welfare agency recommended here would develop and offer a wide and attractive array of services wanted and needed by families experiencing child welfare difficulties, with the mix or balance of services appropriately weighted toward material supports. The wise allocation of resources within such an agency would target areas of the state with high concentrations of impoverished and low-income families, allowing the agency to intensify its service delivery there through well-funded neighborhood service centers.

The foregoing proposals are closely consistent with the weight of the evidence. The presence of material hardship is so pervasive in child abuse and neglect cases that it is clear that any strategy aimed at significantly reducing the incidence of child abuse and neglect must centrally address this bedrock context in which harm to children thrives. Without a key focus on material hardship, other additionally desirable approaches will not succeed in significantly reducing the incidence and severity of child abuse and neglect within our nation.

# 5. SOCIAL SUPPORT AND THE PREVENTION OF CHILD MALTREATMENT

### *Executive Summary*

**Ross A. Thompson**
**Department of Psychology**
**University of Nebraska**
**Lincoln, Nebraska**

Consider the living circumstances of a family at risk for child maltreatment, or in which parents have already abused or neglected offspring. If current profiles of maltreating families are accurate, parents are economically impoverished, unemployed or underemployed, living in substandard housing and possibly in a dangerous neighborhood, have not lived long in the community, and may also be characterized by domestic violence, a substance abuse problem, or psychological disorders. Moreover, the family is likely to be socially isolated within the local community: neither parents nor offspring have strong, enduring relationships with neighbors or other families who live nearby, have little awareness of the local community resources they can use, and may also be regarded with wary uncertainty by others who live near them.

How can informal, neighborhood-based social support resources help prevent child maltreatment in a family like this? At its (idealized) best, social support can be provided by a neighbor who can enlist his or her own experiences in the community to provide emotional sustenance to parents and counseling about parenting dilemmas and problems, work-related issues, and life stress. It might involve the parent's access to community programs that provide education, training in job skills, material assistance and -- in the course of doing so -- offer an opportunity to strengthen social ties with others in the community. Social support might entail school-based services that enable the victims of child maltreatment to develop social skills, enhance self-esteem, strengthen academic competence, and also develop relationships with supportive peers and alternative adult role-models. Social support might also include community-based day-care services that are affordable, of high quality, and which assist parents and offspring alike through informal peer networking for parents, quasi-therapeutic programs for children, and the availability of a neighborhood resource for advice about parenting and life stress. Informal social support in high risk neighborhoods might also be enhanced by church, community, and recreational organizations that have, as part of their explicit mission, the goal of extending their services to families such as these by integrating them into a broader network of untroubled families through cooperative, mutually beneficial activities. In such neighborhoods, social support is thus well-integrated with a variety of other public and private services that needy families rely upon, and which offer opportunities for social integration in the context of receiving welfare benefits, obtaining treatment for substance abuse, developing educational or job skills, or simply socializing with others on the street, the store, or the front porch. Neighborhood-based social support also recognizes the importance of non-neighborhood sources of social support for such families, and fosters access (through transportation, telephone service, and other means) to these additional support agents. Perhaps most important, informal, neighborhood-based social support provides both emotional support and also monitoring of parental conduct in a manner that is esteem-enhancing, nonstigmatizing, and welcomed by recipient families.

Such a vision is well worth pursuing, and this paper reviews extensive research literatures concerning what social support *is and* does in the lives of parents and children. Almost necessarily, this review emphasizes that the term "social support" encompasses a far broader range of processes and phenomena than intuitive portrayals might include. As suggested above, for example, social support encompasses not only emotional sustenance and counseling but also access to information and services, referrals to other support agents, skill acquisition, developmental remediation of victimized children, and -- perhaps most important -- social monitoring and social control of parenting practices to prevent future maltreatment. These various affirmative, informational, socializing, instrumental, and control functions may not easily be encompassed by the same social support agents because they involve potentially conflicting roles and relationships to families at risk, and thus multifaceted social support resources must be enlisted for troubled families. Social support is additionally complicated by (a) the fact that the support needs of parents and children vary significantly but must be coordinated in family interventions, (b) that social support for preventing maltreatment in high risk families (secondary prevention) has somewhat different goals and functions from support to prevent reabuse (tertiary prevention), (c) that social networks that provide support to needy families are also commonly sources of social stress, and that a careful analysis of social network agents and their functions in the lives of troubled families is thus necessary, and (d) that the nature and functions of social support vary depending on the broader socioeconomic and ecological circumstances of the family. Finally, it is important to recognize that enhanced social support does not derive simply from adding additional people to an individual's or family's social network -- instead, less tangible factors such as one's expectations that others will assist when needed, a history of previous support, shared values and viewpoints among social network members, and reciprocity in helping relationships better define one's experience of social support in a neighborhood or community. Thus the task of enhancing informal, neighborhood-based social supports is a complex challenge.

The importance of designing social support interventions for families at risk for child maltreatment is enhanced by the consensual conclusion of researchers that these families are "socially isolated" within their neighborhoods and communities. While this review of the research concludes that considerably *less* is known about the nature of their "social isolation" than is commonly assumed, it is also reasonable to believe that enhanced social support will nevertheless be a valued asset to troubled families. Consequently, this review concludes with a series of recommendations for the design of informal, neighborhood-based social support intervention programs:

- Neighborhood-based social support alone is not sufficiently broadly-based to strengthen supportive resources to high risk families. Social support agents extend considerably beyond a family's geographical locale, and consequently both neighborhood-based and non-neighborhood sources of social support should be enlisted.

- Different maltreatment subpopulations have different social support needs. Even though there is considerable overlap in different forms of maltreatment, to assume that the support functions that are most needed for physically abusive families are the same as those needed by physically neglectful or sexually abusive families neglects important differences in the origins, characteristics, and sequelae of these different forms of child maltreatment. Social support must be tailored to the specific needs of troubled families.

- Social support alone is unlikely to be an effective preventive intervention. If maltreating families are multiproblem families, they have needs that extend beyond those that can be addressed through informal social supports. This may include social skills training to enhance access to natural support resources, substance abuse programs, assisted access to social service benefits, child-care support, and various interventions for the developmental remediation of child victims.

- The integration of social support interventions into preexisting service programs to high risk families provides useful avenues for effective assistance. Because needy families have instrumental ties to some community resources, social support interventions should usefully build on these ties in efforts to foster greater social integration with the neighborhood. These include the organization of social services, school -based resources, and church, recreational, and community organizations.

- Coordination of social support to children and parents within high risk families is essential to helping each. Because family members are affected, directly and indirectly, by support interventions intended for any one member, carefully-designed social support interventions will take this into account by advancing programs that mutually benefit multiple family members in compatible ways, and/or which reduce negative reactions of family members to support provided to one of its members. This is especially important when children are in out-of-home placements and the coordination of home-based and out-of-home social support resources is important for the child's well-being.

- Social support is often best achieved by targeting support providers rather than recipients alone. One of the important features of informal, neighborhood-based social support is its reliance on nonprofessional helpers, who often experience personal exhaustion in their efforts to aid troubled families in needy communities. Enlisting professional social service workers and other resources to support these helpers is essential to well-designed interventions.

- Considering the complexity of recipient reactions to aid will enhance the efficacy of social support interventions. Receiving assistance provokes gratitude but also perceptions of vulnerability, incompetence, indebtedness, and other negative reactions that can limit one's willingness to obtain help in the future. Insofar as social support is meant as an ongoing resource in the lives of troubled families, carefully -designed social support programs should benefit from research that describes recipient reactions to aid and how to undermine negative reactions to help-giving.

- Effective social support interventions can involve simple as well as complex strategies. Although complex interventions will often be necessary, access to social support may be enhanced by strategies as simple as providing free telephone service, access to transportation, financial assistance to impoverished families, and access to meaningful employment.

- Much more research is needed. This review highlights areas of much-needed new study, including greater specification of the nature of the "social isolation" experienced by maltreating families and their social support needs.

# 6. THE ROLE OF INTERVENTION AND TREATMENT SERVICES IN THE PREVENTION OF CHILD ABUSE AND NEGLECT

## *Executive Summary*

**David A. Wolfe**
**Professor, Department of Psychology**
**The University of Western Ontario**
**Senior Fellow**
**The Institute for the Prevention of Child Abuse**
**London, Ontario**

### The Development of Theory-Based Interventions for Child Maltreatment

Psychologically-based intervention with reported maltreating parents has developed gradually from an individual-focused pathology model to a more encompassing ecological model, with an evolving emphasis on the importance of the parent-child relationship and its context. Simultaneously, the orientation toward the treatment issue, i.e., how such behavior is viewed, has shifted gradually away from a parent-focused, deviance viewpoint and more toward one that accounts for the vast number of stress factors that impinge on the developing parent-child relationship. This shift toward a more process-oriented, contextual theory of maltreatment places greater emphasis on the importance of promoting parental competence and reducing the burden of stress on families.

Although intervention models have greatly improved and have contributed to encouraging gains in treatment outcomes, the field remains split between promising research findings, on the one hand, and the realities of child protection and welfare, on the other hand. Unfortunately, the dominant theme in most services to maltreating families remains that of protection, not treatment. To assess any gains made over the past two decades in treatment outcome, it is necessary to separate what is truly "treatment" from what is actually delivered to identified families in practice. The present child welfare system is designed primarily for protection rather than assistance, which leaves inadequate services available to a significant number of parents who are "at-risk" of losing control with their children and who could benefit from early intervention.

The developmental course of children from abusive and neglectful family environments typically proceeds unabated. They are more likely to associate with delinquent peers and engage in antisocial behaviors, which further serves to impair their ability to master important developmental tasks. Moreover, such associations perpetuate attitudes, motivations, emotions, and beliefs that encourage the likelihood of coercive behavior. This course, combined with added cultural stereotypes for men and women, may lead to both sexual and nonsexual forms of acting out during adolescence and young adulthood in attempts to control and coerce others. Accordingly, a developmentally guided intervention and prevention strategy was presented in this review, which works on the principle of providing the least intrusive, earliest assistance possible, instead of relying on aversive contingencies. The focus of intervention can be shifted away from identifying misdeeds of the parent, and more toward promoting an optimal balance between the needs of the child and the abilities of the parent.

Following is a summary of the major findings and conclusions drawn from this review of intervention and prevention efforts directed at identified or at-risk adults and children. The criteria for inclusion in this review was primarily based on the ability to draw scientifically sound conclusions from the data presented in written form by the researchers. Due to the presence of methodological limitations, many of the conclusions are couched in cautionary terms. No effort was made to include reports or studies that did not include control groups, comparison groups, adequate measures, or similar limitations (although some exceptions were made concerning new, emerging areas).

The review is presented in three major sections. The first section covers 43 studies dealing with parents or children who had been identified (usually by authorities) as being the offenders/victims of physical child abuse and/or neglect. These studies are subdivided into three areas: (a) programs aimed at children, (b) programs aimed at parents, and (c) comprehensive/multiservice programs for families. Theoretically-based methods designed to address various aspects of identified needs of this population (e.g., childrearing; knowledge of children) are presented within each subsection.

The second major section covers 30 studies addressing components of child abuse and neglect prevention, but which did not involve identified maltreating populations. Rather, these studies were intended primarily to explore the benefits of *prevention* that may emerge from early intervention programs aimed at the pre- or postnatal periods, or early childhood. This section is further subdivided into studies focusing on parental competence, and parent-child support programs for new and for teen parents.

Finally, programs designed to treat victims or offenders of child sexual abuse are presented, although the findings from these studies are very preliminary at the present time.

The review concludes with a summary of the major findings, and recommendations that emerge from these findings. Two tables are included in the principal review that match the ability of each form of intervention in addressing the identified needs of parents and children who have been identified (Table 1) or who are considered to be at-risk (Table 2) of child maltreatment.

## Section I: Treatment Programs for Identified Abusive and Neglectful Parents and Their Children

### A. Child-focused Intervention

The review of treatment programs begins with efforts to assist identified child victims. All program models that addressed the child's needs, and which presented adequate outcome data, were predominantly preschool-based. The preliminary results of these programs designed to treat the victims of abuse and neglect seem favorable in meeting some of their intervention needs. Across studies, participants showed improvement in social behavior, cognitive development, self concept, and reduction in aggressive and coercive behaviors. No mention has been made of the applicability of these intervention strategies to older children and adolescents, however, and the information is sketchy at best regarding effectiveness with different forms of maltreatment. Even though these child-focused treatment programs often incorporated parent treatment components, no information was provided as to the effectiveness of these programs in meeting the needs of the parents involved. Similarly, no mention is made of the contribution of these approaches to the improvement of family resources and well-being. Thus, at present, child-centered intervention programs have provided only limited indications of their usefulness. The potential of these methods, however, merits further investigation because services for child victims have important implications both for the development of the children involved as well as for interrupting the inter-generational transmission of child maltreatment.

### B. Parent-Focused Interventions

**1. Behavioral and Cognitive-Behavioral Programs.** The review found several features that make cognitive-behavioral intervention approaches attractive in working with parents who may abuse or neglect their children. First of all, these procedures have demonstrated a relatively greater degree of effectiveness in modifying those parental characteristics that are most relevant to child maltreatment (e.g., parenting skills; perceptions and expectations of children). Several studies also showed reduced recidivism of maltreatment, rather than just changes in specific attitudes or behaviors, and used randomly assigned control groups.

Many of the psychological characteristics of abusive caregivers make behavioral skills-based learning approaches quite attractive. Behavioral strategies are concrete and problem-focused, and thus may be more appropriate for assisting the less intellectual client. Interventions based on social learning theory are high in face validity and permit clients to work on the problems that are of most urgency and importance to them. Moreover, because behavioral treatments are often perceived as more "educational" and problem-focused in nature, they may be less threatening to such families and make cooperation a bit easier to achieve.

Despite these strengths, there are limitations to cognitive-behavioral intervention programs. Most notably, these methods are not clinically effective for assisting those parents who may suffer from long-standing personality or psychiatric disorders, nor are they useful in improving the social or economic conditions of maltreating families. Furthermore, such skills-based educational methods require that parents practice new skills with their children, which poses some degree of resistance or difficulty (i.e., when children are in care). Given that a wide range of different problems often must be addressed with each family, it was concluded that cognitive-behavioral services may offer the greatest benefit in conjunction with other types of services.

**2. Social Network Interventions.** At present, little information is available regarding the efficacy of social network interventions (i.e., where efforts are made to expand and strengthen the identified family's social resources and supports, usually through in-home visits). However, this approach remains popular with many communities and child welfare agencies, perhaps because of the low cost and intangible benefits not measured by these reports. Nevertheless, adequate evaluation of their benefits is needed, especially as the programs pertain to the delivery of multiple services.

### C. Comprehensive/Multiservice Programs.

Comprehensive programs attempt to address the multiplicity of needs identified among maltreating families by providing services that are flexible and wide-ranging. These services may be selectively chosen from existing methods of individual or group support, skills-based coping and child management techniques, homemaker services, etc., in order to tailor the program to the needs of each family. In this manner, they attempt to deal separately or simultaneously with each aspect of a family's particular situation, within the context in which the problems occur. Two major programmatic efforts have emerged over the past decade, which were reviewed in this section: (a) family-centered home-based interventions, and (b) ecobehavioral programmatic efforts.

Overall, the emerging findings from comprehensive services for families are encouraging, but very preliminary at present. Based on the findings, it was argued that intervention initiated during crisis situations may benefit from heightened family motivation for change and willingness to try new options ("the teachable moment"). The intensive contact between clients and therapists may allow for more accurate and complete assessment of family situations, and may facilitate maximum responsiveness of the treatment program to the changing needs and resources of the families involved. There is an expanded potential for therapist modelling of appropriate behaviors in the environment in which they occur, and intervention can be tailored to build on the strengths of all family members concerned.

Finally, initial costs estimates, especially for the home-based programs designed to deter child placements, are very favorable compared to alternative placement costs. Thus, comprehensive programs warrant further study to determine their specific strengths and potential for treatment of abusive populations.

## Section II: Intervention Methods for Non-Identified Families Exhibiting Risk Characteristics

The next section of this review looks at the expanding number of programs designed to assist families that may be at risk of maltreatment, but that have not been identified or have not yet committed such behaviors. By and large, these programs have built upon some of the more promising approaches noted in the tertiary intervention literature, and applied them to a much broader segment of the parenting population at an earlier point in time. Although methodological issues remain with many of these studies as well, several important conclusions may be drawn that have implications for intervention and prevention planning.

Intervention programs for parents who have not been specifically identified as abusive or neglectful are founded primarily on the premise that promoting a ***positive and responsive parent-child relationship*** is both a desirable intervention target as well as a viable child abuse prevention strategy. The rationale for such programs is straightforward: many families with very young children (under 24 months of age) are not yet experiencing the serious child behavior management problems that bring their counterparts with preschool and school age children to the attention of child protection agencies. Parent-child interactions are still relatively benign although subtle indications of future problems may be present. If parents can be assisted in their role at this early stage, the chances of influencing patterns of parenting and promoting healthier parent-infant relationships are improved. Ipso facto, the likelihood of relational failure and signs of child abuse and neglect are diminished.

### A. Parental Competency Programs for Select Target Groups.

In general the findings of programs aimed at enhancing parental competency support the short-term efficacy of family support. Taking child and parental outcome results together, no approach to service delivery with these families emerges as preferred. The pattern that does emerge is that fairly intensive group and home-visit interventions providing parental support and instruction in child management and/or child cognitive stimulation exert their main benefits in the domains of parental attitudes and behavior and overall maternal adjustment. Positive child cognitive results seem to emerge in studies involving large samples and consistent delivery of child development-focused interventions, although these seem to be short-term in nature. Similarly, positive child behavioral gains are found in studies with larger samples and sounder assessment methods.

From a prevention perspective these results are encouraging, because theorists have placed an emphasis on parental characteristics and the interactional quality between parent and child as important determinants of parental behavior. While positive gains were found for indirect measures of abuse and neglect prevention (e.g., parenting attitudes and behavior), few investigations attempted to measure abuse prevention directly (e.g., agency reports), thereby highlighting the need to include both types of measures. Also, given the increased cost of home visitation, the comparability of home versus group parenting education approaches merits further study.

### B. Parent-child Support Programs for New Parents.

Considering child and parental outcome results together, these results echo the findings reported previously with identified at-risk parents. That is, greater gains were shown in measures of parental rather than child adjustment, and the efficacy of fairly intensive home-visitation (1-3 years) is supported. The finding that positive results were reported for home visits following both a consultation model and a more formal curriculum suggest that parenting information and support garnered from either approach is beneficial. What did not seem to work as well was when home-visits were brief and/or conducted in the absence of clearly specified program objectives and content.

The present findings indicating greater gains for subjects possessing more initial risk factors and receiving fairly intensive interventions argue for the matching of treatment length to the need of each participant. This is supported in the first instance by the positive results of brief home visitations for low risk subjects (i.e., new parents who were 18 years of age and older, and not excluded on the basis of any demographic factor, such as education level, income, or marital status). These findings, although preliminary, lend support to the utility of a community-wide prevention approach in which such services are offered routinely as part of prenatal and postpartum care.

In the second instance, the importance of matching treatment length to subject need or risk is supported by the findings indicating that high-risk parents benefit more from intensive, long-term involvement. Brief interventions of early and extended contact appear insufficient for producing lasting beneficial effects among identified risk populations. More intensive efforts may be needed to ensure the development of a stable and enduring helper-family bond, because these families may be more socially isolated and mistrustful of service providers.

### C. Parent-child Support Programs for Teen Parents

Despite the small number of studies and methodological weaknesses, results with adolescent parents serve to reinforce the conclusions drawn from the previous sections on procedurally--defined at-risk parents and new and expectant parents. Specifically, relatively intensive home-visit interventions with at-risk mothers yield modest short-term child cognitive gains, and greater gains in child behavior and parental outcome measures. A supervised interactional component that improves parenting and socioeconomic status may be particularly useful with low income adolescent parents. An important contribution of these studies is the finding that brief, education-oriented group classes are useful for enhancing parenting-related knowledge with expectant fathers. Further, the finding that fathers who had greater total knowledge scores were more likely to report supportive behaviors towards the mother suggest that enlisting the father may not only improve his parenting skills, but may potentially improve maternal skills through increased support.

The comparative effectiveness of group versus home visit interventions remains at issue because no study directly contrasted these approaches. Moreover, the true preventive potential of these interventions remains unknown until child abuse reports or child health variables (e.g., emergency admissions, number of accidents) are collected in future studies. Because a number of parenting programs with teen mothers are approaching the evaluation stage, these next years will offer an important opportunity to judge the preventive impact of support programs with this population.

### Summary of Prevention Programs

Family support studies ranging in definition of at-risk parents have found short-term positive outcomes, particularly for parental outcome measures and for those mothers deemed at greatest risk (e.g., poor, single, young). While positive gains have been found in terms of indirect measures of parental behavior (knowledge and attitudes), several studies have also found improvements in observed parental behavior and, to a lesser extent, indicators of maltreatment (child abuse reports). Also, these studies show that family support programs improve general maternal functioning rather than specific dimensions of personal adjustment. There is initial, yet persuasive, evidence to suggest that multi-leveled programs (i.e., offering additional services as parents require them over a longer period of time) are worth the additional effort and expense, compared to less intensive services for higher risk families.

Overall, those programs that span from one to three years and provide a personalized approach (e.g., home-visits) stand out as most successful in achieving the desired outcomes and most successful with higher risk individuals. This apparent intervention-population matching may be best understood by considering the often isolated, unskilled, and impoverished characteristics of these mothers. That is, their need for support, parenting instruction, and resource linkage seems to be fulfilled by the more personalized, outreach nature of the home visitor approach.

## Section III: Emerging Directions for Child Sexual Abuse Intervention

### A. Intervention with Child Sexual Abuse Victims or Potential Victims

Particular characteristics of sexual abuse warrant consideration in seeking an understanding of the wide range of problems shown among these children. Unlike other forms of child maltreatment discussed above, incestuous sexual abuse is less related to caregivers' attempts to control or manage child- or family-related stress. Rather, it represents a *most distinct form of maltreatment* that involves both betrayal of trust and physical violation, accompanied by some degree of coercion or deceit. Private and specific fears related to aspects of the abuse may develop, which the child is often unable to discuss due to the fear itself, as well as developmental limitations in expression. Abrupt or gradual changes in the child's psychological well-being and behavior may occur, but others (including professionals) may not identify these changes as being a function of sexual abuse.

**1. Legal-based interventions to Prepare Children for the Role of Witness.** Increased recognition of the difficulties children experience in a courtroom setting, in particular their fear of the accused and confusion about the process, has led many states and provinces to implement new evidentiary procedures. Most notably, these changes have included the use of closed-circuit television to physically remove the child from the courtroom, videotaping of children's disclosure and investigative interviews, and the use of a screen to block the child's direct view of the accused in court. The impact of these changes, however, is still under evaluation, particularly in terms of how they may attenuate the child victim's level of stress and long-term adjustment problems. A prominent pioneering study in this regard is discussed in the full report.

**2. Psychological and educational programs.** Therapeutic programs for sexually abused children and family members have expanded rapidly over the last decade, as well as school-based prevention programs. Treatment has been extended to victims, parents, siblings, and offenders, and has involved many different modalities (e.g., behavioral, psychodynamic, family therapy). The goals of treatment vary considerably, given the diversity of this population and the preliminary nature of current investigations, but most programs emphasize group/individual support for the victim and non-offending parents, management of anxiety and fear symptoms, and/or empowerment strategies. At the present time, however, scientific evidence regarding the benefit or impact of such programs is very limited, primarily due to methodological concerns that have not been overcome (i.e., use of control groups, proper measures of outcome, etc.), and the relatively recent focus on this issue.

Child sexual abuse prevention programs, on the other hand, are directed at the general population of school-aged children. Most programs have emphasized gains in knowledge about potential abuse situations, "touch" discrimination, and behavioral strategies to avoid/escape abusive situations. As a whole, evaluations provide some limited support for the efficacy of sexual abuse prevention programs, particularly in terms of a slight increase in knowledge about sexual abuse following a prevention program. However, no evidence exists that links such changes in knowledge to changes in behavior. Questions were raised regarding whether programs that are useful for school-aged children are appropriate for younger children as well.

### B. Intervention Methods with Child Sexual Abuse Offenders

Certain psychologically-based approaches to treatment are beginning to emerge as having a significant impact on the recidivism of known child molesters. The comprehensive cognitive-behavioral programs are the most effective, especially for child molesters, incest offenders, and exhibitionists. However, considerable methodological advancement must be applied to this area to establish the parameters of what form of treatment works for whom. Issues regarding the identification of high-risk or accomplished child molesters who would benefit from this form of intervention are complex, yet the emerging literature is encouraging in terms of desired change for those individuals who are identified.

## CONCLUSIONS AND RECOMMENDATIONS

### I. Research and Methodology: Gaps and Recommendations

A. Theoretical and Conceptual Advances. A conceptual model to guide intervention and outcome evaluation necessitates that the common antecedents of the categorical problem behaviors (i.e., abuse, neglect, etc.) be identified. This identification procedure may be informed by empirical findings, clinical observations, and theoretical applications. Thus, if it is proposed that parents maltreat their children due to the direct effects of poor knowledge and skill in childrearing, as well as improper support and assistance, then the strategy for prevention should address these specific needs. Intervention and measurement should be directly connected to the hypothesized causal model. An important addition to presumed direct effects is the identification of mediators of the relationships between antecedents and abuse. Intervention that targets both indirect and direct influences would be expected to be more efficacious than those addressing either alone.

**A.1. Recommendation #1:** There is a critical need for prevention programs to be driven by an underlying conceptualization of the processes involved in child abuse and neglect.

B. Research Design and Program Evaluation. Although research designs have improved significantly since the first reviews of intervention studies, recent studies still contain methodological inadequacies common to the field of child maltreatment that must be taken into account in interpreting their findings. For example, research designs are often inadequate to draw firm conclusions, because most studies are naturalistic correlational field research that does not permit true experimentation. Many studies involve subject samples that in all likelihood contain mixed forms of maltreatment (e.g., physical, sexual, psychological abuse), which confounds the findings that may relate to physical abuse alone. In addition, child abuse researchers face a major challenge in attempting to control for related factors that may have direct or indirect effects on children's adjustment, such as marital discord, socioeconomic disadvantage, poor social supports, etc. Finally, it is worthwhile to note that the newly emerging prevention-focused programs (designed for families who have not yet been identified as abusive or neglecting), although promising, have yet to demonstrate actual prevention, if one limits such criteria simply to the occurrence of an incident. On the other hand, the burgeoning evidence that such programs enhance parental effectiveness and child competence argue for the preference of such outcome variables over the unreliable and somewhat arbitrary official reports of maltreatment.

There is a critical need for appreciable follow-up periods so that maintenance of gains and "sleeper" effects (i.e., those emerging after program completion) may be assessed. Other design issues include the need to conduct more controlled evaluations through randomization procedures and to incorporate greater sensitivity into program design in an effort to maximize the likelihood of finding true effects. Such efforts as calculating necessary conditions (e.g., number of subjects) to meet adequate levels of statistical power, monitoring the consistency, content, and quality of service delivery, and utilizing more psychometrically sound and multi-method measurement procedures would facilitate accurate evaluation of program effects. Although it is recognized that some treatment target areas may not have sufficient evaluation devices currently available, greater utilization of existing knowledge bases are in order.

**B.1. Recommendation #2**: The importance of testing promising intervention models through the use of prospective designs is underscored.

**B.2. Recommendation #3:** Prevention programs aimed at child maltreatment, in particular home-visitation programs, have matured to the point where specificity issues should be addressed as part of outcome. The question of which programs work for whom, and under what circumstances must be addressed.

C. Selection of Participants. Currently, a major roadblock to the implementation of effective early intervention and prevention programming is the lack of information pertaining specifically to the nature of the population. Although there was some evidence supporting *each* of the interventions reviewed, little specificity is provided that allows one to match intervention type to individual needs of persons or families. The comprehensive/multiservice programs come closest in this regard, yet conclusions cannot be drawn under more complete evaluation is available.

**C.1 Recommendation #4**: Alternative approaches to targeting subjects with specific risk indicators should be explored, in which general indicators (e.g., first-time parenthood) may serve as entry criteria for prevention programs.

D. Participation of Fathers and Male Partners. Almost without exception, the studies reviewed herein include only female participants. No matter what conclusions one draws from these studies, it is necessary to keep in mind that the results apply primarily to women. Regrettably, many of the factors that have been identified by the ecological model of child maltreatment implicitly or explicitly highlight the importance of the man's role in either contributing to or preventing such events. At this point in time, however, there is little information by which to design and implement services to families that will best meet the needs of men who are at-risk of becoming violent toward children or partners. This finding of underrepresentation of fathers compared to mothers is consistent with the literature on developmental psychopathology in general. Despite the growing knowledge that fathers play a significant role in the development of child and adolescent problems and in the etiology of physical and sexual abuse, intervention programs have generally not included men in their programs.

**D.2 Recommendation #5**. There exists an urgent need to recognize and address the *male role* in the occurrence and the prevention of child maltreatment. Program additions and modifications that encourage male participation and improve family functioning hold promise for expanding the impact of early intervention services.

E. The Importance of Matching Services to the Needs of Parents, Children, and Families: What Works for Whom? A major finding to emerge from this review is that no particular method of intervention is likely to lead to desirable outcomes for even a majority of families, especially by the time child maltreatment has been identified. From a cost-benefit perspective, the cost of remediating serious childrearing concerns is prohibitive.

These costs may be reduced by placing greater emphasis on preparing parents for their childrearing role well in advance of the emergence of problems, and having a wider range of appropriate services available. Such a model requires staff who are trained to assist with families at a level that is most beneficial, rather than attempting to detect and intervene after the fact. Staff would have to be sensitive to individual, community, and cultural preferences, as well as socioeconomic limitations, that constitute the majority of disadvantaged families, and be willing to tolerate such differences for the purpose of establishing a basis for improving the parent-child relationship. This approach requires more investment in family development at an earlier point in time, but holds considerable promise in reducing the costs and failures of the current reactive system.

An issue that emerged from this review was the need to match interventions to the needs of each family as best as possible. The literature shows repeated attempts to design and implement a particular strategy to any given sample of maltreating parents, with little regard to the needs of each participant (especially cultural and ethnic minorities). Whereas some parents require information and assistance in basic child rearing, many others require social support, childcare respite, and/or personal counselling. Yet, the interventions persist in attempting to "fit" the patient to the "cure," rather than the reverse. Although the expanding multiservice programs are promising in this regard, they lack thorough evaluation and follow-up, and tend to have weak or inadequate research designs.

Moreover, few programs have been directed at the developmental needs of abused and neglected children. Rather, treatment has been predominately aimed at adults. Although our understanding of the developmental impact of these problems has grown, efforts to remediate and/or prevent such problems have been slow to develop. Neglected children, in particular, suffer major psychological consequences that have been inadequately addressed by current approaches.

**E.1. Recommendation #6:** The current review supports the utility and cost-benefit of (a) home visits, especially those begun prior to the onset of maltreatment, (b) specific skills training that addresses parental misperceptions and false expectations of young children, (c) specific skills training that promotes alternatives to physical punishment and the use of more prosocial, developmentally relevant activities for the parent to engage in with his/her child, (d) parental competency programs broadly aimed at non-identified individuals, a strategy that reduces concerns due to labelling and detection, and (e) preschool-based programs for child victims, which emphasize developmental gains and prosocial peer interactions. The theme of matching relevant services to the changing needs of families was highlighted throughout these findings.

**E.2. Recommendation #7**: Major efforts should be launched to determine the impact on child maltreatment of an incentive-based program of child development screening and child development prescriptions and resources offered to the general public from conception through 5 years of age. This program could be offered through the local school system and serve as a bridge to similar services in the schools when school age is reached (this model is compatible with and could be a core element of the "neighborhood based services" model being recommended by the U.S. Advisory Board on CAN).

**E.3. Recommendation #8**: Program development should focus on providing child development and parenting information that is easily understood, practical and accessible to all present and potential parenting populations.

**E.4. Recommendation #9**: Early intervention programs to assist child victims of abuse and neglect should be expanded. In conjunction with efforts to assist the parents in their caregiving role, such programs offer additional developmental stimulation and peer contact for children.

F. Marital/partnership Issues and Children Who Witness Wife Assault. The findings from this review point to some important areas of intervention that have been identified but rarely addressed. Based on the most popular ecological view of the causes of child maltreatment, a number of treatment targets were identified at the family, child, and parent level (community and cultural issues were beyond the scope of this review). Many of the methods noted above showed some success in addressing issues associated with the parent-child relationship (which is, of course, a central concern); however, the findings point to a lack of information concerning issues related to family functioning.

**F.1. Recommendation #10**: Programs that address male violence against female partners, as well as those that address marital disharmony, need to be considered as necessary components of intervention and prevention for identified high-risk families.

G. Finding Effective Ways to Address Corollary Family Problems. To date, the potentiating effects of socioeconomic stress, family disadvantage, and substance abuse on abuse and neglect have not received adequate attention. Although most researchers acknowledge the presence and impact of these contextual factors, few approaches actually were designed to address these problems in a systematic manner. The comprehensive and social network programs are, again, promising in this regard, but have as yet provided limited evaluation data. Similarly, the influence of the parent's competing (negative) lifestyle and habits, which is often cited as a major concomitant factor among maltreating families, was addressed only serendipitously, rather than systematically. Like the male offenders, perhaps such individuals rarely participate in treatment outcome studies.

**G.1. Recommendation #11**: Expansion of service delivery to include multiservice capabilities to address the negative influence of major contextual stress factors on effective family functioning. Subsidized daycare and housing, respite programs, homemaker services, etc. show promise in this regard, but require systematic implementation and evaluation.

H. Programs to Address the Needs of Ethnic Minorities. Attention must be directed to societal influences that play a role in child abuse and neglect, especially in circumstances where families are exposed to major effects of poverty, health risks, and environmental conflict. Research needs to identify the special risks and strengths of diverse cultural and ethnic groups, and to be sensitive to ethnic and cultural issues in the planning of services. Such a cross-cultural perspective to child abuse and neglect intervention and prevention would re-direct the focus away from individuals and families, and explore societal and cultural conditions that attenuate or exacerbate these problems.

**H.1. Recommendation #12**: Although there is a general lack of research with maltreated children from ethnic and minority communities, adequate information exists to recommend the implementation and evaluation of culturally relevant intervention and prevention methods.

I. Programs Aimed at Adolescents. Youth represent a sizeable proportion of child maltreatment reports, yet they typically receive less than adequate assistance. From an intervention perspective, there is reason to support the extension of programs that have shown effectiveness with clinically-referred youth to an at-risk youth population. The most effective programs for parent-adolescent conflict, which have been in existence for several years, involve several components, such as effective communication, parent training, contingency management, and family therapy. Although such methods may not be capable of overcoming very longstanding parent-adolescent conflict and abuse, they may be effective in addressing the emerging issues of that accompany adolescent development, especially for families with a limited history of protective service involvement. Moreover, prevention services for youth populations could integrate educational concepts (e.g., attitudes and knowledge issues affecting healthy versus violent relationships) with practical skills aimed at non-controlling conflict resolution.

**I.1. Recommendation #13**: Educationally-focused prevention programs targeted to low- and high-risk adolescents merit development and evaluation in schools, communities, and service agencies, on such topics as control and power in relationships, sexual and physical violence, and family and childrearing values.

### J. The Need for a Multiservice, Public Health Model of Ongoing Support for Families

In the long run, the causes of these phenomena should be addressed from a public health vantage point, rather than through tertiary intervention, because many of those causes affect the health and functioning of the majority of families.

**J.1. Recommendation #14**: A public health approach to the prevention of child abuse and neglect is a promising strategy that merits serious consideration. Such a strategy should not undermine existing efforts at treatment and early intervention, but rather would be designed to approach the widespread problem of child maltreatment from a broader, more fundamental vantage point.

## III. Child Sexual Abuse

Treatment and prevention activities directed at the underestimated problem of child sexual abuse have emerged rapidly over the past decade. Although there are beneficial therapeutic programs both for child victims and for offenders, it is still too early to draw conclusions regarding their overall impact. However, legal-based services to assist children in preparing to testify in court merit careful evaluation and dissemination, as do group and individual programs for children that address their anxiety, fears, and symptoms of post-traumatic stress that may emerge in the aftermath of disclosing sexual abuse. Perhaps because child abuse prevention programs have emerged so rapidly, it was concluded that there is insufficient data at present to either promote or deter such efforts. The initial findings presented herein point to the considerable gap in knowledge related to determining which methods work to teach what types of skills to which children. Because these gaps must be addressed before conclusions can be drawn about such prevention efforts, the following recommendations point to several of the more basic issues facing research and program development.

### K. Therapeutic and Educational Programs to Assist Children

**K.1. Recommendation #15**: Prevention programs need to expand beyond the focus on potential victims (i.e., children). There is a conspicuous absence of programs that target other adults who come into contact with children, with either a detection or primary prevention goal in mind, yet these adults are the most likely candidates to whom children will report abuse.

**K.2. Recommendation #16**: Several areas of program curriculum development and clarification for child sexual abuse prevention merit improvement and expansion, if such child-focused programs are to expand. Program content should extend beyond a discussion of the touch continuum, to include related topics of importance (e.g., personal safety, assertiveness, problem-solving). Moreover, affiliated staff should be trained to continue providing opportunities for students to discuss the issues brought forth during training.

**K.3. Recommendation #17**: Child sexual abuse prevention must turn its attention toward some of the underlying social and cultural issues that are suspected to be at the root of such exploitation and abuse. To date, little research has been conducted on the motivating factors involved in child sexual abuse. Because almost all of the offenders are male, a long term strategy should be developed that addresses some of the suspected roots of such behavior from a socialization perspective. More responsibility for prevention should be directed at socialization agents (e.g., schools, parents, clubs, etc.) in an effort to heighten society's awareness of the problem and to attack the roots of sexism that exist at all levels.

**K.4. Recommendation #18**: Legal-based services for child victims, such as the availability of non-standard evidentiary procedures (e.g., screen; videotaped testimony), and the use of educational/therapeutic services to prepare children for the stress of testifying in court, warrant investigation as to their possible role in decreasing the long-range negative impact of sexual abuse and its disclosure.

**K.5. Recommendation #19**: Treatment services for child victims and for sex offenders have shown promise in assisting victims and in reducing recidivism. Well-designed investigations should be launched on a wide-scale basis to determine the most effective forms of intervention for offenders and victims.

## APPENDIX D

## U.S. ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

### 1. Membership

In accordance with the provisions of the 1988 Amendments to the Child Abuse Prevention and Treatment Act, the U.S. Advisory Board on Child Abuse and Neglect comprises 15 members, each of which "is recognized for expertise in an aspect of the area of child abuse." Of the 15 members, two are Federal employees who are also members of the Federal Inter-Agency Task Force on Child Abuse and Neglect, and 13 are members of the general public.

Following is a list of Board members. Each list identifies the beginning and ending dates of a member's term of appointment and specific expertise mandated by statute which a member brings to the Board.

### CURRENT MEMBERS

**Deanne Tilton Durfee, Chair**
Executive Director
Los Angeles County Inter-Agency Council
on Child Abuse and Neglect (ICAN)
4024 Durfee Avenue
El Monte, California 91732
818-575-4362

Representing: At-large
Term Beginning: May 30, 1989
Term Ending: May 29, 1995

**Yvonne M. Chase, Vice-Chair**
Vice President
Child Welfare Services
Lockheed Information Management Systems
626 Columbia Street, NW, Suite #1A
Olympia, Washington 98501
206-352-1544

Representing: Social Services
Term Beginning: May 30, 1989
Term Ending: May 29, 1995

**Frank D. Barry**
Senior Extension Associate
Family Life Development Center
Cornell University
Ithaca, New York 14853-4401
607-255-7794
* *Appointment/reappointment pending.*

Representing: Organizations Providing Services to Adolescents
Term Beginning: May 30, 1989
Term Ending: *

**Enid A. Borden**
President
The Borden Group
101 North Alfred Street, Suite 200
Alexandria, VA 22314
703-548-3692

Representing: Teachers
Term Beginning: October 25, 1992
Term Ending: May 29, 1995

**Jane Nady Burnley**
Executive Director
VALOR
P.O. Box 862
McLean, VA 22101-0862
703-538-6898

Representing: Voluntary Groups
Term Beginning: October 25, 1992
Term Ending: May 29, 1996

**Howard A. Davidson**
Director
ABA Center on Children and the Law
American Bar Association
1800 M Street, N.W., S-300
Washington, D.C. 20036
202-331-2250

Representing: Law
Term Beginning: May 30, 1989
Term Ending: *

**Richard D. Krugman**
Dean
School of Medicine
University of Colorado
4200 East 9th Avenue
Denver, Colorado 80262
303-270-7563

Representing: Medicine
Term Beginning: May 30, 1989
Term Ending: *

**Gary B. Melton**
Carl A. Happold Professor of Psychology and Law
Center on Children, Families, and the Law
University of Nebraska
Lincoln Square, 121 South 13th Street
Lincoln, Nebraska 68588-0227
402-472-3130

Representing: Psychology
Term Beginning: May 30, 1989
Term Ending: **

* *Appointment/reappointment pending.*

** *Appointment pending upon release of 1993 Board Report*

**Joyce L. Mohamoud**
Executive Director
State Resource Office
Parents Anonymous of New Jersey
12 Roszel Road, Suite A-103
Princeton, New Jersey 08540
609-243-9779

Representing: Parent Self-help organizations
Term Beginning: May 30, 1989
Term Ending: *

**Lawrence F. Potts**
Director, Administrative Group
Boy Scouts of America National Office
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, TX 75015-2079
214-580-2225

Representing: At-Large
Term Beginning: October 25, 1992
Term Ending: May 29, 1996

**Prince Preyer, Jr.**
Commissioner, District Six
Madison County Commission
3210 Hi Lo Circle, Suite B
Huntsville, AL 35811
205-532-1505

Representing: State and Local Government
Term Beginning: October 25, 1992
Term Ending: May 29, 1996

**Diane J. Willis**
Director of Psychological Services
Child Study Center
Department of Pediatrics
1100 Northeast 13th Street
Health Sciences Center
1100 Northeast 13th Street
Oklahoma City, Oklahoma 73117
405-271-5700

Representing: Organizations Providing Services to Disabled Persons
Term Beginning: May 30, 1989
Term Ending: *

*(Seat currently vacant; appointment pending)*

Representing: Parent's Groups

*(Two Federal seats currently vacant; appointments pending)*

Representing: Inter-Agency Task Force on Child Abuse and Neglect

* *Appointment/reappointment pending.*

## 2. Staff And Other Personnel Resources -- 1991-1992

### Staff

**Byron D. Metrikin-Gold** (December 1988)*
Executive Director
U.S. Advisory Board on Child Abuse and Neglect
200 Independence Avenue, SW
Washington, D.C. 20201
202-690-8332

**Eileen H. Lohr** (December 1989)*
Program Assistant, U.S. Advisory Board on Child Abuse and Neglect
202-690-6053

**Joan M. Williams** (September 1991)*
Special Projects Specialist, U.S. Advisory Board on Child Abuse and Neglect
202-690-8178

### Other Personnel Resources

**Preston Bruce** (November 1992 -- )*
Acting Deputy Director, U.S. Advisory Board on Child Abuse and Neglect
202-690-7059

**Shawn A. Jackson** (June 1992 to October 1993)*
Secretary, U.S. Advisory Board on Child Abuse and Neglect
202-690-7036

**Marilyn J. Gosdeck** (January 1993 -- )*
Management Analyst, U.S. Advisory Board on Child Abuse and Neglect
202-690-8604

**Marla Brin** (November 1992 to May 1993)*
Social Sciences Analyst, U.S. Advisory Board on Child Abuse and Neglect

**Anneke Radin** (June 1993 to August 1993)*
Field placement from the University of New York at Geneseo

* Date of appointment to Board staff

## 3. Committees and Work Groups -- 1992-1993

### EXECUTIVE COMMITTEE

Deanne Tilton Durfee, *Chair*
Frank D. Barry
Enid A. Borden (appointed 2/93)
Yvonne M. Chase
Howard A. Davidson
Richard D. Krugman (served until 2/93)
Gary B. Melton

### RESEARCH COMMITTEE

Gary B. Melton, *Chair*
Yvonne M. Chase
Richard D. Krugman
Diane J. Willis

### NEW NATIONAL STRATEGY WORKGROUP

Gary B. Melton, *Chair*
Frank D. Barry
Yvonne M. Chase
Joyce L. Mohamoud
Diane J. Willis

### FATALITIES WORKGROUP

Deanne Tilton Durfee, *Chair*
Enid A. Borden (appointed 2/93)
Jane Nady Burnley (appointed 2/93)
Yvonne M. Chase
Howard A. Davidson
Donna N. Givens (served until 1/93)
Richard D. Krugman
Brenda G. Meister (served until 7/93)

## 4. Activities of the Board -- January 1-September 30, 1993

During the first nine months of 1993 the Board devoted most of its attention to the development of a proposed new national child protection strategy (the subject of this, its 1993 report) as well as a proposed national policy on the prevention of child maltreatment-related fatalities (the subject of its 1994 report). A third major activity involved completion of the Board's 1992 report, The Continuing Child Protection Emergency: A Challenge to the Nation, released to the public in early April 1993 at a press conference held in the U.S. Capitol.

### THE 1993 REPORT

The shape of the 1993 report emerged through discussions at the thirteenth meeting of the Board in February 1993 and at the fourteenth meeting in May 1993, both meetings held in McLean, Virginia. The specific content of the 1993 report including its recommendations was honed through a series of iterative drafts.

As in past years, most of the work in preparing those drafts was undertaken by the Board. With substantial assistance from Frank Barry and Enid Borden, Gary Melton led this effort.

### THE 1994 REPORT

On May 28, 1992, CAPTA was amended to require the Board to prepare a report on child maltreatment-related fatalities. The report is to contain recommendations on (a) a national policy designed to reduce such fatalities, (b) changes needed to achieve an effective Federal role in the implementation of that policy, and (c) changes needed to improve data collection about such fatalities.

In both its 1990 and 1991 reports the Board had made recommendations regarding child maltreatment-related fatalities. In April 1992 the Board met in Los Angeles during which it decided to satisfy the imminent CAPTA amendments by devoting its entire 1994 report to the subject.

In reaching this decision, the Board elected to make the focus of the report the prevention of child abuse and neglect. The report would use fatalities as a vehicle for explaining the national child protection emergency to the nation.

The report will emerge through a series of events and iterative documents including a series of: field hearings; technical papers; interviews; discussions at Board meetings; and drafts of the report. While the full Board has ultimate responsibility for the entire content of the report, it has delegated responsibility for the development of the report to a Work Group. A major aim of the Work Group will be to ensure that, throughout the development of the report, all relevant information generated by corollary non-Board efforts will, to the maximum extent possible, be utilized.

During the past year, the Board's principal activities related to the 1994 report involved the laborious but necessary process of information-gathering. To that end, members of the Board and Board staff:

- in March 1993 met in Denver with a group of experts who were presenting at a Colorado Child Fatalities Conference to test the Board's preliminary thinking about the report.

- in May 1993 (during a Board meeting):

    - heard three witnesses during a mini-hearing on the "religious exemption" under which the U.S. Department of Health and Human Services provides States flexibility in defining whether the intentional denial of appropriate medical care to a child by persons responsible for that child due to religious beliefs constitutes child maltreatment; and

    - heard a presentation on the relationship of confidentiality requirements to child maltreatment-related fatalities.

- in June 1993 held a field hearing in Chicago in connection with a conference of the American Professional Society on the Abuse of Children.

- in September 1993 held a field hearing in Salem, Oregon.

- in September 1993 commissioned a set of Technical Papers on:

    - the prevention of child maltreatment-related fatalities;
    - child death review teams;
    - the identification and investigation of child maltreatment-related fatalities;
    - ensuring consonance between child safety and family preservation; and
    - the collection of data on child maltreatment-related fatalities.

## CHANGES IN OFFICERS, MEMBERSHIP, AND STAFF

At its May meeting the Board elected Deanne Tilton Durfee as its Chairperson, Yvonne Chase as its Vice-Chairperson, and Enid Borden to a seat on the Executive Committee. Under the rules of the Board, they will serve in those capacities until May 1995. Three additional members of the Executive Committee will be elected at the Board's Fall 1993 meeting.

In late 1992, five new members were appointed to the following seats on the Board: Enid A. Borden (Teachers); Jane Nady Burnley (Voluntary Groups); James H. Egan (Parents' Groups); Lawrence F. Potts (At-Large); and Prince Preyer, Jr. (State and Local Government). They replaced the following members: Deborah M. Walsh (Teachers); Judith C. Frick (Voluntary Groups); H. Gordon Evans (Parents' Groups); Jeanne D'Agostino Rodriguez (At-Large); and Earl L. Dunlap (State and Local Government).

During 1993 Donna Givens and Brenda Meister, Federal officials who were appointed to the Board from the ranks of the Federal Inter-Agency Task Force on Child Abuse and Neglect, as well as James Egan, holder of the Parents' Groups seat, resigned from the Board. In addition, Gary Melton, holder of the Psychology seat, indicated his intention to resign from the Board following the release of the 1993 report. Appointments to those four seats as well as five appointments/ reappointments to the Medicine, Law, Services to Adolescents, Services to the Disabled, and Parent Self-Help Organizations seats are currently under consideration within the Department of Health and Human Services.

In late 1992-early 1993 the Board staff was markedly strengthened by the detail of: Preston Bruce from the Administration on Children, Youth, and Families to serve as Acting Deputy Executive Director; Marla Brin from the Environmental Protection Agency to serve as Legal Advisor on Child Maltreatment-Related Fatalities; and Marilyn Gosdeck from the Office of the Assistant Secretary for Children and Families to serve as Management Analyst.

**A list of the names and affiliations of individuals who addressed the Board during its meetings follows:**

### MEETING OF FEBRUARY 9-12, 1993
### McLean, Virginia

**Joseph A. Mottola**
Deputy Commissioner, Administration for Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services

**David W. Lloyd**
Director, National Center on Child Abuse and Neglect
Administration on Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services

**Interagency Task Force Fatalities Workgroup Members:**
Federal Inter-Agency Task Force on Child Abuse and Neglect
U.S. Department of Health and Human Services
**Emily Cook**, NCCAN
**Gary Lyle**, Indian Health Service
**Marti Speights**, Department of Justice
**Jane Sponberg**, Department of Defense

### MEETING OF MAY 25-27, 1993
### McLean, Virginia

**Joseph A. Mottola**
Deputy Commissioner, Administration for Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services

**David W. Lloyd**
Director, National Center on Child Abuse and Neglect
Administration on Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services

**Robert Horowitz**
Associate Director
American Bar Association Center on Children and the Law
Washington, D.C.

**A list of the names and affiliations of all individuals who testified before the Board during one of its hearings, or submitted a written statement to the Board, follows:**

**HEARING OF MARCH 11, 1993**
Denver, Colorado
Fatalities Workgroup
Members of the Public

## HEARING ON CHILD MALTREATMENT-RELATED FATALITIES

**Jane Beveridge**
State of Colorado
Division of Child Welfare Services
Denver, Colorado

**Michael Durfee, M.D.**
Child Abuse Prevention Program
Department of Health Services
Los Angeles, California

**Michelle Kelly, Ph.D.**
The Children's Hospital
Child Advocacy and Protection Team
Denver, Colorado

**James L. Kramer**
Pueblo Coroner's Office
Pueblo, Colorado

**Donna Rosenberg, M.D.**
Pediatrician
Denver, Colorado

**Jill-Ellyn Straus**
Deputy District Attorney
Adams County District Attorney's Office
Brighton, Colorado

**Harry Wilson, M.D.**
The Children's Hospital
Pathology Department
Denver, Colorado

**MINI-HEARING OF MAY 26, 1993**
McLean, Virginia
Members of the Board
Members of the Public

## MINI-HEARING ON RELIGIOUS EXEMPTION

**Madeline Nesse**
Office of General Counsel
Department of Health and Human Services

**Ellen Mugmon**
Child Protection Advocate

**Philip G. Davis**
Federal Representative
The First Church of Christ, Scientist

**American Academy of Pediatrics**
1331 Pennsylvania Avenue, N.W.
Washington, D.C.
(Written Testimony)

**Rita Swan**
Children's Healthcare Is a Legal Duty, Inc.
Sioux City, Iowa
(Written Testimony)

**HEARING OF JUNE 25, 1993**
Chicago, Illinois
Fatalities Workgroup
Members of the Public

## HEARING ON CHILD MALTREATMENT-RELATED FATALITIES

**Coleen Kivlahan, M.D.**
Medical Director
Department of Social Services
Jefferson City, MO

**Randell Alexander, M.D.**
University of Iowa
Iowa City, IA

**Jan Bays, M.D.**
Emanuel Hospital
Portland, OR

**Robert Reece, M.D.**
Case Western Reserve University
Rainbow Babies and Children's Hospital
Cleveland, OH

**Linda Williams, Ph.D.**
University of New Hampshire
Family Research Laboratory
Durham, NH

**Barbara Bonner, Ph.D.**
University of Oklahoma
Health Science Center, Psychiatry
Oklahoma City, OK

**Thomas Curran, MSW, JD**
Defender Assoc. of Philadelphia
Child Advocacy Unit
Philadelphia, PA

**Deborah Daro, DSW**
National Center on Child Abuse Prevention Research
Chicago, IL

**Robert Kirschner, M.D.**
Deputy Chief Medical Examiner
Cook County Office of the Medical Examiner
Chicago, IL

**Sharon OConner**
Office of the Medical Examiner
Cook County
Chicago, IL

**William Weil, M.D.**
Department of Pediatrics and Human Development
Michigan State University
(Representing the American Academy of Pediatrics)

**Paul DerOhannesian, JD**
Albany County Office of the District Attorney
Albany, NY

**Patrick Murphy**
Public Guardian
Cook County Office of the Public Guardian
Chicago, IL

**Bernardin Dohrn**
Director, Children and Family Justice Center
Northwestern University Legal Clinic
Chicago, IL

**Harry Elias, JD**
North County Municipal Court
Vista, CA

**Bill Hammond**
2101 Wilson Boulevard
Arlington, VA

**Patricia Toth, JD**
National Center for Prosecution of Child Abuse
Alexandria, VA

## APPENDIX E

### List of Recommendations
### in the
### 1990 Report of the U.S. Advisory Board on Child Abuse and Neglect
### *Child Abuse and Neglect:*
### *Critical First Steps in Response to a National Emergency*

## A. RECOGNIZING THE NATIONAL EMERGENCY

**Recommendation #1:**

The Board urges each citizen to recognize that a serious emergency related to the maltreatment of children exists within American society and to join with all other citizens in resolving that its continued existence is intolerable.

**Recommendation #2:**

The Board urges each citizen to demand that his or her elected officials at all levels publicly acknowledge that the American child protection emergency exists, and, having so acknowledged this emergency, take whatever steps are necessary -- including the identification of new revenue sources -- to rehabilitate the nation's child protection system.

**Recommendation #3:**

The Board urges the U.S. Congress, State legislatures, and local legislative bodies to view the prevention of child abuse and neglect as a matter of national security and, as such, to increase their support for basic necessities, such as housing, child care, education, and prenatal care for low income families including the working poor, the absence of which has been linked to child abuse and neglect.

## B. PROVIDING LEADERSHIP

**Recommendation #4:**

The Board urges the President to become the visible and effective leader of a renewed Federal effort to prevent the maltreatment of American children and to help the nation better serve those children who have been abused and neglected.

**Recommendation #5:**

The Board urges each Governor to become the visible and effective leader of a renewed State effort to prevent the maltreatment of children and to assure that child victims of abuse and neglect receive appropriate services.

**Recommendation #6:**

The Board urges each Mayor and County Executive to become personally involved in improving the delivery of services related to the prevention and treatment of child abuse and neglect.

**Recommendation #7:**

The Board urges legislative bodies at all levels to join with the President, Governors, and County Executives and Mayors in a renewed national commitment to child protection by providing the funds necessary to prevent and treat child abuse and neglect.

**Recommendation #8:**

The Board urges national scientific societies and professional associations to undertake major initiatives to stimulate the development of knowledge about child abuse and neglect and the improvement of the child protection system and to diffuse such knowledge to their members, policymakers, and the general public.

## C. COORDINATING EFFORTS

**Recommendation #9:**

The Secretary of Health and Human Services, in conjunction with his counterparts within the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should identify and eliminate barriers which stand in the way of providing coordinated community services related to the protection of children.

**Recommendation #10:**

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Director of the Office of National Drug Control Policy in the White House should take steps to assure that all relevant aspects of the national effort to control substance abuse are coordinated with efforts to prevent and treat child abuse and neglect. These steps should begin immediately and should be made apparent to the public. All steps taken at the national level should be coordinated with relevant State and local "front-line" programs.

**Recommendation #11:**

The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should undertake joint efforts to address the issue of fatal child abuse and neglect caused by family members and other caretakers. These efforts should include the identification and vigorous dissemination to State and local governments of models for: (a) prevention of serious and fatal child abuse and neglect; (b) multidisciplinary child death case review; and (c) identification and response to child abuse and neglect fatalities by the social services, public health, and criminal justice systems.

## D. GENERATING KNOWLEDGE

**Recommendation #12:**

The Secretary of Health and Human Services and the Attorney General (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take whatever steps are necessary to establish a Federal data collection system that provides a comprehensive national picture of child maltreatment and the response to it by the several governments of the United States. This new system should insure: accurate, annual, uninterrupted, consistent, and timely data collection; mandatory participation from the States; and a focus on actual incidence, reported incidence, and the operation and effectiveness of all aspects of the child protection system. This new system should be designed and implemented either by the Bureau of the Census or the Centers for Disease Control, working in collaboration with leading experts on child maltreatment.

**Recommendation #13:**

The Secretary of Health and Human Services should launch a major coordinated initiative involving all relevant components of the Department of Health and Human Services to promote the systematic conduct of research related to child abuse and neglect.

**Recommendation #14:**

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should launch a major initiative to use multidisciplinary knowledge about what works as the cornerstone of Federal efforts to rehabilitate the quality of the child protection system. This initiative should include the translation of what is already known about interventions that produce positive results. It should also include the evaluation of possible systemic improvements the value of which has not yet been established.

**Recommendation #15:**

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the nation's private foundations that have an interest in children, should launch a major initiative to increase both the number and the professional qualifications of individuals conducting knowledge-building activities on child abuse and neglect. The initiative should include the active encouragement of noted researchers from other fields in the social, behavioral, and health sciences to do work in this area.

## E. DIFFUSING KNOWLEDGE

**Recommendation #16:**

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), should take whatever steps are necessary to assure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, consistent state-of-the-art information on child abuse and neglect. Such steps should include establishing a permanent governmental unit from which this information is available.

**Recommendation #17:**

Leaders of the media should join in a campaign to promote public understanding of the child protection emergency and the most effective ways of addressing it, including coverage of the complexity and seriousness of the emergency and the alternatives for dealing with it.

## F. INCREASING HUMAN RESOURCES

**Recommendation #18:**

The Secretary of Health and Human Services, the U.S. Congress, their counterparts in State governments, and the Governors of the several States, in concert with professional associations and organizations, should take concrete steps to establish the position of public agency "child protective services caseworker" as a professional specialty with commensurate minimum entry-level educational requirements, salary, status, supervision, administrative support, and continuing education requirements.

**Recommendation #19:**

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to establish minimum educational requirements for the position of public agency CPS caseworker in agencies which receive Federal financial support. Such requirements should provide for the substitution of appropriate experience for education.

**Recommendation #20:**

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts in State governments should take the necessary steps to assure that all public agency CPS caseworkers systematically receive adequate pre-service and in-service continuing training for the proper performance of their duties. Such training should be offered at different levels in keeping with the differing needs and responsibilities of CPS caseworkers, and should reflect emerging issues in the field.

**Recommendation #21:**

The Secretary of Health and Human Services, the U.S. Congress, and their counterparts at the State and County levels, in concert with private sector support should take the necessary steps to establish acceptable caseload standards so as to reduce the caseload sizes of public agency CPS caseworkers in agencies which receive Federal financial support. A part of this initiative should be the recruitment and maintenance of a sufficient number of qualified staff so that services can be provided at the acceptable caseload level.

**Recommendation #22:**

State and local social services officials should launch an aggressive campaign to recruit new CPS caseworkers representative of the racial, ethnic, and cultural composition of the child maltreatment caseload population.

**Recommendation #23:**

The Secretary of Health and Human Services and the Secretary of Education (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect) should take concrete steps to assure a steady increase in the total number of the nation's professionals who possess the necessary competence and skill to participate effectively in the protection of children. Such steps should include: the development, introduction and expansion of curricula and clinical programs concerned with child abuse and neglect in all the nation's institutions of higher learning; the replication and institutionalization of models for the interdisciplinary training of graduate students preparing for work in child protection; and the establishment of a new program of Presidential or Secretarial Child Maltreatment Fellowships for graduate students willing to commit themselves to entering the field.

## G. PROVIDING AND IMPROVING PROGRAMS

**Recommendation #24:**

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that comprehensive, multidisciplinary child abuse and neglect treatment programs are available to all who need them.

**Recommendation #25:**

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), and the Governors of the several States should ensure that efforts to prevent the maltreatment of children are substantially increased. Such efforts, at a minimum, should involve a significant expansion in the availability of home visitation and follow-up services for all families of newborns.

**Recommendation #26:**

The U.S. Congress and State and local legislative bodies should ensure that, in any expansion of programs concerned with child abuse and neglect, resources devoted to prevention and resources devoted to treatment do not come at the expense of each other.

**Recommendation #27:**

The headquarters or regional units of private sector organizations -- voluntary, religious, civic, philanthropic, and entrepreneurial -- should take the necessary steps to increase significantly the involvement of their local affiliates and outlets, members, or employees in efforts to support and strengthen families as well as to prevent and treat child abuse and neglect. At a minimum the efforts for which increased involvement is encouraged should include: participation in neighborhood home visitation networks; participation in formal volunteer programs; the introduction of workplace measures aimed at reducing familial stress; participation in programs aimed at increasing greater accountability within the child protection system; and the promotion of greater awareness of the child protection emergency, as well as advocacy for more enlightened public policies in response to it. Government at all levels should facilitate the development of public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect.

**Recommendation #28:**

The Attorney General, the U.S. Congress, the State legislatures, the Chief Justice of each State's highest court, and the leaders of the organized bar should assure that all State and local courts handling the large numbers of civil and criminal child abuse and neglect cases coming before the court system promptly and fairly resolve these cases. Prompt and fair resolution will require sufficient resources including: (a) adequate numbers of well-trained judges, lawyers, and court support staff, as well as manageable caseloads that take into account the complex and demanding nature of child abuse and neglect litigation; (b) specialized judicial procedures that are sensitive to the needs of children and families; (c) improved court-based diagnostic and evaluation services; and (d) greater educational opportunities for all professional personnel involved in such proceedings. Courts hearing child maltreatment cases must also be given the funding and status befitting these most important of judicial tribunals. These officials should also take steps to assure that every child has independent advocacy and legal representation, and every CPS caseworker is effectively represented by counsel throughout the judicial process.

**Recommendation #29:**

The Secretary of Education and his counterparts in State and local educational agencies, in concert with the leaders of all relevant national educational organizations and their State and local affiliates, should launch a major initiative to establish and strengthen the role of every public and private school in the nation in the prevention, identification, and treatment of child abuse and neglect.

## H. PLANNING FOR THE FUTURE

**Recommendation #30:**

The U.S. Congress should direct an appropriate research agency to determine the cost of developing and implementing a comprehensive national program for the prevention and treatment of child abuse and neglect, as well as the projected cost of not developing and implementing such a program.

**Recommendation #31:**

The Secretary of Health and Human Services, in conjunction with his counterparts in the Federal Government (working through the U.S. Inter-Agency Task Force on Child Abuse and Neglect), in concert with the National Governors Association, the U.S. Conference of Mayors, and the National Association of Counties, should develop a model planning process aimed at generating plans for the coordinated, comprehensive, community-based prevention, identification, and treatment of abuse and neglect, and take appropriate steps to assure that the model process is implemented throughout the nation.

# APPENDIX F

## List of Recommendations and Options for Action in the 1991 Report of the U.S. Advisory Board on Child Abuse and Neglect

## DEVELOPING AND IMPLEMENTING A NATIONAL CHILD PROTECTION POLICY

**Recommendation B-1**: PROMULGATING A NATIONAL CHILD PROTECTION POLICY

The Federal Government should establish a national child protection policy. The goal of the policy should be to facilitate comprehensive community efforts to ensure the safe and healthy development of children and youth. The policy should be incorporated into the United States Code as an intrinsic part of the Child Abuse Prevention and Treatment Act. The policy should drive the child protection-related actions of all Federal agencies.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Until a national child protection policy is enacted, explore the possibility of using existing statutory authority to promulgate elements of that policy in the form of Federal regulations.

- CONGRESS: Use the next CAPTA reauthorization to enact a national child protection policy.

**Recommendation B-2**: RELATING A NATIONAL CHILD PROTECTION POLICY TO POLICY REFORMS IN CHILD WELFARE SERVICES AND FAMILY RESOURCE AND SUPPORT SERVICES

The Federal Government should assist in building a supportive service delivery system for all families, troubled or otherwise, thereby providing a critical foundation for the prevention of child maltreatment and the protection of children. To the extent possible, any statutory or regulatory reforms of the child protection system should be sensitive to and harmonized with the purposes and content of statutory or regulatory reforms of child welfare services and family.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Until child welfare reform legislation is enacted and the Young Americans Act is adequately funded, use existing statutory authority to begin the process of building a supportive service delivery system for all families.

- CONGRESS: Enact legislation to reform child welfare and family resource and support services. Two bills introduced in the 102nd Congress, S. 4 and H.R. 2571, amended appropriately so that they are harmonized with the national child protection policy described in Recommendations B-1, are likely vehicles.

- CONGRESS: Appropriate necessary funds so that full implementation of the Young Americans Act of 1990 can begin.

### **Recommendation B-3**: ELIMINATING THE USE OF CORPORAL PUNISHMENT IN ACTIVITIES SUPPORTED WITH FEDERAL FUNDS

Consonant with the intent of the National Child Protection Policy proposed by the Board, the Federal Government should take all necessary steps to eliminate the use of corporal punishment in all activities, programs, institutions, and facilities which receive Federal financial support of any kind.

*OPTIONS FOR ACTION*

- HEADS OF RELEVANT CABINET-LEVEL AGENCIES: Write to the Governors requesting that they take whatever action is necessary to eliminate the use of corporal punishment in all activities, programs, and facilities receiving Federal financial assistance.

- Develop and disseminate information on non-violent methods of discipline for children receiving care through or in activities, programs, and facilities receiving Federal financial assistance.

- SECRETARY OF EDUCATION: Write to all school superintendents, in those States in which corporal punishment has not yet been prohibited by law, requesting that they eliminate the use of corporal punishment.

- CONGRESS: Enact legislation to prohibit the use of corporal punishment in all activities, programs, and facilities receiving Federal financial assistance.

- CONGRESS: Enact legislation to prohibit the use of corporal punishment in all school systems receiving Federal financial assistance.

**Recommendation B-4**: DETERMINING THE COST OF IMPLEMENTING A NATIONAL CHILD PROTECTION POLICY

An appropriate Federal research agency should be commissioned to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct that an appropriate component(s) of DHHS contract for a study to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.

- CONGRESSIONAL SUBCOMMITTEES WITH JURISDICTION OVER CAPTA: Communicate to the Office of Technology Assessment the need for a study to determine the cost of implementing a national child protection policy and the cost of not implementing such a policy.

## PREVENTING AND REDUCING CHILD MALTREATMENT BY STRENGTHENING NEIGHBORHOODS AND FAMILIES

**Recommendation C-1**: IMPROVING THE QUALITY OF DETERIORATING NEIGHBORHOOD ENVIRONMENTS

The Federal Government should take all steps necessary to facilitate the development of neighborhood improvement initiatives to prevent child maltreatment, including neighborhoods in urban, rural, and Native American communities.

*OPTIONS FOR ACTION*

- SECRETARY OF HOUSING AND URBAN DEVELOPMENT: Encourage the recipients of Community Development Block Grants to devote more existing resources to child maltreatment-related and family strengthening activities. Because of its emphasis on community planning (including social planning), the Community Development Block Grant is well suited to provide a structure for attention to the relationship between neighborhood quality and child maltreatment, especially in urban communities.

- SECRETARY OF HOUSING AND URBAN DEVELOPMENT: Explore ways in which other existing HUD legislative authorities (e.g., the McKinney Amendments; Public and Indian Housing) can be used to prevent child maltreatment through improvements in the quality and quantity of low-cost housing.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the Office of Rural Health Policy encourages the incorporation of child protection into public health planning in rural communities and stimulate the development of capacity for such an integration.

- HEADS OF RELEVANT CABINET-LEVEL AGENCIES: Expand the responsibilities and training of Community Health Representatives working with Native American communities to encompass work with multi-problem families, including transportation of such families to community mental health, guidance, or human services programs for intervention services.

- HEADS OF RELEVANT CABINET-LEVEL AGENCIES AND CONGRESS: Develop child maltreatment-related and family strengthening activities in rural communities, especially those with a high proportion of families in poverty. The Area Development Districts in the various Federal economic development programs may provide avenues for rural community planning to protect children. Where targeted programs for rural community planning do not exist in a given region, Community Action Programs may be the avenue for planning and implementation of neighborhood-based strategies in rural communities.

- CONGRESS: Require recipients of Community Development Block Grants to set aside five percent of such funds for the purposes of (a) planning and implementing neighborhood-based strategies for strengthening families and the prevention and treatment of child abuse and neglect and (b) the integration of housing programs and child protection efforts. Increase the authorization and appropriations for the Community Development Block Grant Program commensurately.

**Recommendation C-2**: ENHANCING VOLUNTEER EFFORTS FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

The Federal Government should take all steps necessary to facilitate the development of volunteer programs for the prevention and treatment of child abuse and neglect.

*OPTIONS FOR ACTION*

- DIRECTOR OF ACTION: Establish a new program priority on child maltreatment.

- SECRETARY OF AGRICULTURE: Undertake a major initiative to give a greater focus to child maltreatment-related activities (including prevention) in the programs of the Cooperative Extension Service.

- HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Undertake initiatives to emphasize the roles of volunteers in child maltreatment-related activities (especially prevention activities).

- CONGRESS: Establish a new program priority on child maltreatment within relevant programs of ACTION and provide additional funding for this purpose.

- CONGRESS: Amend Serve-America to provide support for school volunteer programs aimed at the (1) prevention of child maltreatment, (2) provision of social supports for maltreated children and their families, and (3) development of additional peer counseling and peer mediation services. This amendment would complement existing emphases in Serve-America on substance abuse prevention and school drop-out prevention.

- CONGRESS: Specifically charge the Cooperative Extension Service to give a greater focus to child maltreatment-related activities (including prevention) and provide additional funds for it to do so.

### **Recommendation C-3**: MOBILIZING RELIGIOUS INSTITUTIONS IN THE PREVENTION OF CHILD MALTREATMENT

The Federal Government should provide the religious community with information about ways that it can assist in the prevention of child maltreatment.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Convene a series of meetings with the heads of the national organizations of religious institutions -- along with the heads of other national voluntary organizations concerned with the quality of neighborhood and community life -- aimed at exploring ways in which the Federal Government can provide information which might be of assistance in community-based efforts focused on the prevention of child maltreatment.

## PROVIDING A NEW FOCUS ON CHILD ABUSE AND NEGLECT AND STRENGTHENING FAMILIES IN ALL RELEVANT FEDERAL AGENCIES

### The Collective Federal Effort

**Recommendation D-1**: REDEFINING THE MISSION OF THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

The Federal Government should redefine the mission of the National Center on Child Abuse and Neglect so that the exclusive focus of the agency becomes either: (1) providing leadership for all Federal efforts to strengthen the State and local CPS function; or (2) planning and coordinating the entire Federal child protection effort. Either choice necessarily entails restructuring the agency and moving it to another location within the Executive Branch; either choice probably means renaming the agency. Whichever choice for the redefinition of the National Center's mission is made [(1) or (2) above], a program to carry out the focus not chosen must also be established.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Appoint a high-level ad hoc Work Group to study and make recommendations on the appropriate mission of NCCAN.

- CONGRESSIONAL SUBCOMMITTEES WITH JURISDICTION OVER CAPTA: Hold hearings on the appropriate mission of NCCAN and develop amendments to CAPTA reflecting the conclusions reached as a result of those hearings.

**Recommendation D-1**: ASSURING A FOCUS ON CHILD MALTREATMENT AND STRENGTHENING FAMILIES THROUGHOUT THE FEDERAL GOVERNMENT

The administrators of all Federal agencies operating programs which are or could be relevant to addressing one or more aspects of child abuse and neglect should ensure that those programs are capable of making full, meaningful, measurable, and visible contributions to the total Federal effort.

*OPTIONS FOR ACTION*

- HEADS OF RELEVANT CABINET-LEVEL AGENCIES: Explore the development of a common Federal approach to the problem of child maltreatment.

- **SPEAKER OF THE HOUSE OF REPRESENTATIVES; PRESIDENT PRO TEMPORE OF THE SENATE; MAJORITY AND MINORITY LEADERSHIP OF BOTH CHAMBERS OF CONGRESS:** Convene meetings of the Chairs and their Minority counterparts for all Committees and Subcommittees with jurisdiction over any Federal programs that are, or could be, relevant to the total Federal effort. The purpose of these meetings would be to devise a legislative strategy for assuring a focus throughout the Federal Government on strengthening families and preventing and treating child maltreatment. Such a strategy might involve the drafting and introduction of a "chain bill" that links the various Federal programs in a common approach to the problem of child maltreatment.

## Child Protection and the Child Welfare System

### **Recommendation D-2**: STRENGTHENING CHILD PROTECTION EFFORTS IN THE CHILD WELFARE SYSTEM

The Federal Government should take all necessary measures to ensure that, within the nation's system of public social services, State, Tribal, and local CPS agencies deliver high quality services. These measures should include knowledge building, program development, program evaluation, data collection, training, and technical assistance on:

- the development of linkages with other service providers and community resources to ensure that children and families are receiving coordinated, integrated services;

- the development of a focus on prevention and early intervention with high-risk families;

- the prompt, thorough, and family-sensitive investigation of cases of suspected maltreatment;

- the appropriate use of risk assessment in cases of suspected or substantiated child abuse and neglect;

- the assessment and management of such cases (including in-home crisis services and other services designed to increase children's safety, strengthen families in crisis, and prevent unnecessary out-of-home placements);

- the relationship of CPS to respite and other out-of-home care for the purpose of child protection; and

- the relationship of CPS to permanency planning and adoption services for children who have been removed from their families due to maltreatment.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Clearly assign NCCAN responsibility for Federal leadership with regard to the CPS function -- in coordination with, or as part of, the Children's Bureau -- and measurably strengthen the capacity of the agency to assume that responsibility.

- CONGRESS: Statutorily assign NCCAN clear responsibility for Federal leadership with regard to the CPS function, but, in doing so, legislatively strengthen NCCAN's capacity to assume that responsibility.

## Child Protection and the Mental Health System

**Recommendation D-3a**: STRENGTHENING CHILD PROTECTION EFFORTS IN THE MENTAL HEALTH SYSTEM

The Federal Government should take all steps necessary to ensure (a) that effective mental health treatment is available and accessible to abused and neglected children and their families (including biological, adoptive, and foster families) and (b) that mental health programs for children and families collaborate with other agencies and community groups in the prevention of child maltreatment.

*OPTIONS FOR ACTION*

To stimulate capacity-building efforts:

- CONGRESS: Require recipients of grants under the Alcohol, Drug Abuse, and Mental Health Block Grant to set aside an appropriate percentage of such funds for community-based mental health services for abused and neglected children and their families and for programs to prevent child maltreatment among families at risk. If such an action is taken, the Block Grant should be increased by a commensurate amount, and grantees should be required to demonstrate their collaboration with health, social service, and justice agencies, as well as private non-profit voluntary organizations.

- CONGRESS: Establish a new formula grant program for such a purpose. Such a grant program could be directed (1) to State mental health or health agencies (as designated by the Governors) for competitive distribution to community agencies, or (2) directly to community mental health or health centers (as designated by the Governors).

To increase the involvement of the mental health system in child protection:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to establish a new unit within the Alcohol, Drug Abuse, and Mental Health Administration for the prevention and treatment of child abuse and neglect. The unit would have responsibility for leadership in activities related to child protection in the child mental health system, including program development, program evaluation, data collection, training, technical assistance, and administration of pertinent grant programs.

- CONGRESS: Statutorily mandate the establishment of such a unit.

To increase the involvement of State and community mental health agencies in child protection activities:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency provides technical assistance and guidelines for State mental health plans so that such plans include provisions for making mental health services to prevent or treat child abuse and neglect available and accessible. Such guidelines should address the handling of reported child maltreatment cases as well as the reporting of such cases.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the National Institute of Mental Health (NIMH), through technical assistance and guidelines for discretionary grants, encourages its Child and Adolescent Services System Program (CASSP) grantees to build their capacity for effective, accessible mental health services related to child abuse and neglect.

To decrease real or perceived obstacles to use of existing financing systems for effective mental health services related to child abuse and neglect, including treatment of State wards:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Children and Families to ensure that NCCAN and the Children's Bureau, through the provision of technical assistance and the issuance of guidelines for formula grants under their respective jurisdiction, encourage their grantees to make use of provisions for mental health services under EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) and other Federal health programs, and, in general, to collaborate with State and community mental health agencies in the development of effective, accessible prevention and treatment services related to child abuse and neglect.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Administrator of the Health Care Financing Administration (HCFA) and the Assistant Secretary for Health to ensure that HCFA and the relevant Federal mental health agency collaborate in a study of fiscal barriers to effective mental health services related to child abuse and neglect, including non-traditional (e.g., intensive home-based) service models. After the study is completed, the Secretary should direct the Administrator of HCFA to take any administrative action necessary to eliminate such obstacles, including making recommendations for statutory changes when necessary.

- CHAIRPERSON AND RANKING MINORITY MEMBER OF THE HOUSE WAYS AND MEANS COMMITTEE; CHAIRPERSON AND RANKING MINORITY MEMBER OF THE SENATE FINANCE COMMITTEE: Request that the General Accounting Office or the Office of Technology Assessment conduct such a study. Congress could further take any legislative action, including use of its oversight authority, necessary to eliminate such obstacles.

To improve the quality of mental health services related to child abuse and neglect:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency sets aside discretionary funds for demonstration grants for the development and application of models and techniques of mental health services related to child abuse and neglect.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the relevant Federal mental health agency sets aside discretionary funds for graduate, professional, and continuing education of child and family mental health professionals in services related to child abuse and neglect. Such a program should be compatible with the various training models associated with the major mental health professions (clinical psychology, psychiatric nursing, psychiatric social work, and psychiatry), but it should require grantees to demonstrate an interdisciplinary approach, including education about the contributions of professionals outside the mental health professions and those of parent self-help groups.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the Indian Health Service hires a substantial number of additional masters and doctoral level psychologists and social workers to work with Child Protection Teams, Indian child welfare workers, and families who have abused their children, as well as to provide families who have abused their children with in-home services.

- CONGRESS: Authorize and appropriate funds for such purposes.

**Recommendation D-3b**: ADDRESSING THE CONNECTION BETWEEN SUBSTANCE ABUSE AND CHILD MALTREATMENT

The Federal Government should take all steps necessary to ensure that substance abusing parents have access to both effective programs for the prevention and treatment of child abuse and neglect as well as substance abuse itself. To be effective, Federal efforts must include initiatives to increase (1) the availability and accessibility of prevention and treatment programs and (2) knowledge about the relationship between substance abuse and child maltreatment, including the effects of various policies and programs designed to prevent children's pre- and postnatal exposure to alcohol and other harmful drugs.

*OPTIONS FOR ACTION*

To increase the availability and accessibility of prevention and treatment programs for substance abusing parents:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the ADAMHA Office of Substance Abuse Prevention and Office of Treatment Improvement as well as the relevant Federal mental health agency (see Recommendation D-3.a) set aside discretionary funds for an expanded program of joint demonstration grants on the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Children and Families to ensure that NCCAN continues to issue grants under its Emergency Services Program that promote the availability of comprehensive prevention and treatment services.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct components of DHHS to promote collaborative activities between parent self-help programs for substance abuse and parent self-help programs for child maltreatment in order to facilitate remediation of both problems.

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Direct the agencies with responsibility for programs related to criminal justice (including probation), health, legal services, substance abuse, special education, child care, public housing, and child welfare, through the provision of technical assistance and the issuance of guidelines for formula and demonstration grants under their respective jurisdictions, to encourage their grantees to collaborate in the design and implementation of comprehensive community services aimed at the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.

- CONGRESS: Require recipients of grants under the Alcohol, Drug Abuse, and Mental Health Block Grant to set aside an appropriate percentage of such funds for community-based services aimed at the prevention and treatment of child maltreatment resulting from or complicated by substance abuse. Staff providing such services, including staff providing services to Native Americans, should include degreed mental health specialists, paraprofessionals, and volunteers.

- CONGRESS: Statutorily mandate the establishment of a new formula grant program for this purpose.

- CONGRESS: Statutorily mandate the establishment of a new demonstration grant program and/or expansion of existing programs for this purpose.

To enhance the state-of-the-art in the prevention of children's pre- and postnatal exposure to alcohol and other harmful drugs and to treat the effects of such exposure:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the ADAMHA Office of Substance Abuse Prevention and Office of Treatment Improvement as well as the relevant Federal mental health agency manage their demonstration grants in a manner designed to increase knowledge about programs and policies related to the prevention and treatment of child maltreatment resulting from or complicated by substance abuse.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Children and Families to ensure that NCCAN manages the grants under its Emergency Services Program in a manner that increases knowledge about programs and policies related to the prevention and treatment of child abuse resulting from or complicated by substance abuse.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) establish programs for extramural research on (1) the relationship between substance abuse and child maltreatment and (2) the effectiveness of programs and policies for (a) the prevention and treatment of child maltreatment caused or precipitated by substance abuse and (b) the treatment of substance abuse caused in part by a history of child maltreatment. Research on treatment should include studies of the effectiveness of parent self-help groups.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that NIAAA and NIDA collaborate with the National Institute of Child Health and Development, the Children's Bureau, and the National Institute on Disability and Rehabilitation Research of the Department of Education to stimulate research about (1) the long-term effects of pre- and postnatal exposure to alcohol and other harmful drugs, and (2) the treatment and education of children of substance abusing parents, including those children who have been removed from the care of their parents.

- CONGRESS: Statutorily require the Executive Branch to take the steps set forth above.

## Child Protection and the Schools

**Recommendation D-4a**: STRENGTHENING THE ROLE OF ELEMENTARY AND SECONDARY SCHOOLS IN THE PROTECTION OF CHILDREN

The Federal Government should take all necessary measures to ensure that the nation's elementary and secondary schools, both public and private, participate more effectively in the prevention, identification, and treatment of child abuse and neglect. Such measures should include knowledge building, program development, program evaluation, data collection, training, and technical assistance. The objective of such measures should be the development and implementation by State Educational Agencies (SEAs) in association with Local Educational Agencies (LEAs) and consortia of LEAs, of:

- inter-agency multidisciplinary training for teachers, counsellors, and administrative personnel on child abuse and neglect;

- specialized training for school health and mental health personnel on the treatment of child abuse and neglect;

- school-based, inter-agency, multidisciplinary supportive services for families in which child abuse or neglect is known to have occurred or where children are at high risk of maltreatment, including self-help groups for students and parents of students;

- family life education, including parenting skills and home visits, for students and/or parents; and

- other school-based inter-agency, multidisciplinary programs intended to strengthen families and support children who may have been subjected to maltreatment, including school-based family resource centers and after-school programs for elementary and secondary school pupils which promote collaboration between schools and public and private community agencies in child protection.

*OPTIONS FOR ACTION*

- SECRETARY OF EDUCATION: Direct appropriate components of the Department to develop protocols for child abuse reporting, case management, resource referral, interagency case management, and maintenance of data management information systems within SEAs and LEAs.

- SECRETARY OF EDUCATION: Direct appropriate components of the Department, in collaboration with appropriate components of DHHS, to provide technical assistance to the SEAs, based on such protocols, in the development of child abuse prevention and intervention programs in LEAs.

- SECRETARY OF EDUCATION: Direct appropriate components of the Department, in collaboration with NCCAN and the Office of National Drug Control Policy, to develop and distribute model curricula for grades K-12 that include alcohol and substance abuse prevention, understanding child abuse, and accessing community resources.

- SECRETARY OF EDUCATION: Direct appropriate components of the Department to develop a national data collection system -- sensitive to the protection of confidentiality -- to monitor and evaluate implementation of the protocols and to track numbers of reports and their pattern over time within school districts and entire States. These data would include, at a minimum, the number of reports made by schools each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim age, sex, and ethnicity, as well as data on follow-up, outcome, and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a.)

- SECRETARY OF EDUCATION: Direct appropriate components of the Department, in collaboration with appropriate components of DHHS, to undertake an initiative aimed at encouraging State, Tribal, and local school, health, and social services officials to increase the number of coordinated service delivery programs aimed at adolescents.

- CONGRESS: Establish a program of grants for the development and implementation of school-based efforts to address child maltreatment. Funds would be allocated by formula to SEAs which would then distribute them competitively to LEAs and consortia of LEAs. SEAs would retain a limited percentage of funds for the cost of providing technical assistance to LEAs and consortia of LEAs and for statewide inter-agency multidisciplinary training of school personnel. This program would be administered by the Department of Education, in collaboration with DHHS, or vice versa. Program collaboration should also include, where applicable, Bureau of Indian Affairs-operated schools.

- CONGRESS: Establish a program of grants for the development and implementation of public-private school-based efforts which focus on bringing community resources and services -- including child care centers for teen mothers as well as relevant parent support/education services -- into the schools to serve at-risk children and their families.

- CONGRESS: Establish a program of special grants for the employment of psychologists and social workers (including masters-level psychologists and social workers) by schools in rural areas heavily populated by Native American children as well as on reservations for the purpose of providing treatment services to maltreated children.

### **Recommendation D-4b**: ENHANCING FAMILY LIFE EDUCATION OPPORTUNITIES FOR ADOLESCENTS AND YOUNG ADULTS TO PREPARE FOR RESPONSIBLE PARENTHOOD

The Federal Government should stimulate new family life education initiatives specifically aimed at adolescents and young adults which have as their underlying purpose the prevention of child maltreatment.

*OPTIONS FOR ACTION*

- SECRETARY OF AGRICULTURE: Undertake a major initiative to give a greater focus to child maltreatment-related activities (including prevention) in the programs of the Cooperative Extension Service.

- HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Undertake initiatives to promote family life education programs.

- CONGRESS: Specifically charge the Cooperative Extension Service to give a greater focus to child maltreatment-related activities (including prevention) and provide additional funds for it to do so.

## Child Protection and Health

**Recommendation D-5**: STRENGTHENING THE ROLE OF THE HEALTH SYSTEM IN THE PROTECTION OF CHILDREN

The Federal Government should take all necessary measures to ensure that the nation's health care system plays a more effective role in the prevention and treatment of child abuse and neglect. Such measures should encompass knowledge building, program development, program evaluation, data collection, training, and technical assistance on the role of the health system in the prevention, identification, investigation, and treatment of child abuse and neglect. In planning for involvement of the health care system in child protection, attention should focus on the roles of community health centers, public health authorities (including visiting nurse programs), general and pediatric hospitals, primary health care providers, self-help support networks, and alternative health delivery systems. Federal programs potentially involved in child maltreatment include the National Institute on Child Health and Development, the National Center on Nursing Research, the Center for Health Services Research, the Centers for Disease Control, the Health Care Financing Administration, the Office of Rural Health Policy, and the direct-service programs of the Public Health Service including the Indian Health Service. All of these agencies should participate in the design and implementation of the new effort. In addition, attention should be given to reducing the prevalence of child maltreatment among children with disabilities, amelioration of the health consequences of child maltreatment, and provision for coordinated responses to child maltreatment fatalities.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to require, through regulation, all health professional schools and training programs receiving Public Health Service (PHS) funds to include child abuse and neglect in their curricula.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to require PHS Commissioned Corps Officers who are providing direct services to children, especially PHS Indian Health Service personnel, to participate in appropriate continuing education on child abuse and neglect.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Children and Families to ensure that NCCAN devotes sufficient resources to the implementation of that portion of CAPTA which addresses resource centers so that a national network of State and regional resource centers would come into being, with each center to include a clinical consultation component as well as training for health professionals (see Recommendation E-4).

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct all DHHS Components focused on assistance for persons with developmental disabilities, sensory impairment, physical handicaps, and chronic illness to develop and implement a special emphasis on the prevention, identification, and treatment of child abuse and neglect.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to encourage organizations of health professionals to include child abuse and neglect material in their continuing education efforts.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to test the feasibility of using the AFDC, WIC, and CDC immunization programs to provide child abuse prevention and parenting education materials.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to develop an administrative unit to plan and coordinate all PHS knowledge building, program development, program evaluation, data collection, training, and technical assistance activities related to the diagnosis, prevention, and treatment of child abuse and neglect.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to set aside and focus a fixed percentage of total PHS funds on addressing child maltreatment issues.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct appropriate components of the Department to develop a national data collection system -- sensitive to the protection of confidentiality -- to track data from all hospitals and medical clinics receiving DHHS funds on numbers of child abuse reports and their pattern over time within cities, counties, and entire States. These data would include, at a minimum, the number of reports made by the hospitals and clinics each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim age, sex, and ethnicity, as well as data on follow-up, outcome, and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a.)

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the PHS Indian Health Service to require the participation of at least one health care professional with specialized training in child maltreatment in all Indian Child Protection Team meetings.

- CONGRESS: Statutorily require the Executive Branch to take the steps set forth above.

## Child Protection and the Justice System

**Recommendation D-6**: STRENGTHENING CHILD PROTECTION IN THE JUSTICE SYSTEM

The Federal Government should take all necessary measures to ensure that the nation's courts, attorneys, law enforcement agencies, probation departments, parole agencies, and correctional institutions provide a prompt, sensitive protective response to all forms of child maltreatment. Such a response should involve knowledge building, program development, program evaluation, data collection, training, and technical assistance aimed at improving the administration of civil and criminal justice related to child maltreatment, advocacy on behalf of maltreated children, treatment for and monitoring of offenders both in communities and correctional settings. The response should be reflected in improved handling of child protection cases by:

- Federal, State, and Tribal judges and other court personnel handling civil and criminal cases related to child maltreatment;

- attorneys involved in child maltreatment cases, both civil and criminal, including prosecutors, lawyers representing CPS agencies, court-appointed counsel and guardians ad litem for children, attorneys representing parents, as well as volunteer lay advocates (court appointed special advocates);

- law enforcement personnel involved in the investigation of child maltreatment cases;

- probation and parole officers involved in the supervision of juvenile and adult offenders in cases of child maltreatment; and

- administrators and staff of Federal, State, Tribal, and County correctional institutions where offenders in child maltreatment cases are confined.

The response should ensure that cases involving allegations of child maltreatment in family settings, in the community, and within residential institutions are all given an adequate focus.

*OPTIONS FOR ACTION*

- ATTORNEY GENERAL: Convene an ad hoc Work Group, consisting of agency personnel from within all relevant entities in the Department of Justice, to explore ways of coordinating a Department-wide response to the strengthening of child protection efforts in the justice system nationwide.

- ATTORNEY GENERAL: Convene -- together with the Secretaries of Health and Human Services, Defense, and the Interior, as well as the heads of the State Justice Institute and the Legal Services Corporation -- an Inter-Departmental Work Group, consisting of agency personnel from all relevant Federal entities, to plan a collaborative, coordinated response to the strengthening of child protection efforts in the justice system nationwide. The Work Group would function under the aegis of the Inter-Agency Task Force (see Recommendation F-1).

- ATTORNEY GENERAL: Direct appropriate components of the Department to set aside discretionary funds for research and demonstration grants focused on the improvement of treatment for juvenile and adult offenders in cases of child physical and sexual abuse, both as part of the probationary period and within correctional facilities.

- ATTORNEY GENERAL: Direct appropriate components of the Department to develop a national data collection system -- sensitive to the protection of confidentiality -- to track data from all courts, probation departments, correctional facilities, and parole agencies on numbers of child abuse cases and their pattern over time within cities, counties, entire States, and the Federal system. These data would include, at a minimum, the number of cases handled each year, categorized by types and severity of maltreatment alleged. A more comprehensive system would include data on victim and perpetrator age, sex, and ethnicity, as well as data on outcomes and interagency involvement in each case. (The system should be coordinated with the activities called for in Recommendation E-1.a.)

- EXECUTIVE DIRECTOR OF THE STATE JUSTICE INSTITUTE: Establish, as a new priority area, grants to improve the response by State civil and criminal court systems to cases involving allegations of child maltreatment.

- PRESIDENT OF THE LEGAL SERVICES CORPORATION: Establish, as a new special priority area, grants to improve the legal representation of children and parents in civil child protective judicial proceedings.

- CONGRESS: Direct the Department of Justice to develop a planned and coordinated focus for all justice system activities related to child maltreatment, and authorize and appropriate funds for this purpose. This focus should include but not be limited to the activities of: the Criminal Division; the Office of Justice Programs; the Federal Bureau of Investigation; the Executive Office of the U.S. Attorneys; the Administrative Office of the U.S. Courts; the Federal Judicial Center; the State Justice Institute; the Immigration and Naturalization Service; the National Institute of Corrections; and the Bureau of Prisons.

- CONGRESS: Mandate, as part of the reauthorization of, or amendments to, Federal crime and juvenile justice legislation, a new program of research and demonstration grants focused on the improvement of treatment for juvenile and adult offenders in cases of child physical and sexual abuse, both as part of the probationary period and within correctional facilities.

- CONGRESS: Mandate, as part of the reauthorization of juvenile justice legislation, a new program focus on the improvement of legal representation provided to all children in the nation's juvenile and family courts.

## Funding Child Protection Efforts

### **Recommendation D-7**: PROVIDING ADEQUATE FUNDING FOR THE NEW SPECIALLY TARGETED EFFORTS

For each new specially targeted effort recommended in this report, Congress should authorize and appropriate an amount necessary to implement the effort at a reasonable level.

*OPTIONS FOR ACTION*

- OFFICE OF MANAGEMENT AND BUDGET: Undertake, in consultation with the chief financial officers of all relevant Federal agencies, a special review of the Fiscal Year 1992 and Fiscal Year 1993 Federal Budgets with the objective of redirecting substantial resources toward child protection and strengthening families and, once such resources are redirected, expedite program implementation.

- OFFICE OF MANAGEMENT AND BUDGET: Establish a "fast-track" process for the review and approval of all regulations, announcements, survey instruments, etc. related to child protection program initiatives.

- CONGRESS: Reallocate existing resources for child welfare services from a focus on supporting the costs of out-of-home placement to a focus on preventive, "front-end," intensive and comprehensive services, including home-based services.

- CONGRESS: In providing any new funding for child protection, establish a formula that, whenever feasible, takes into account the size of the child population, the proportion of that population living in poverty, and the proportion of that population that is homeless.

## Staffing Child Protection Efforts

**Recommendation D-8**: ASSURING ADEQUATE STAFFING FOR THE NEW SPECIALLY TARGETED EFFORTS

For each new specially targeted effort recommended in this report, all program staff, excluding clerical and grants management staff, should have demonstrated professional competence in the field of child abuse and neglect. Moreover, program staff should possess at least those professional credentials generally recognized as necessary for competent practice or research in their disciplines. The number of program staff and the support available to those staff, including funds for travel, should be sufficient to fulfill their technical assistance mission and to achieve the visibility necessary for national leadership in the various disciplines in the child protection field.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Devote a larger percentage of salaries and expenses appropriations to staffing and staff support for the administration of programs related to child abuse and neglect.

- CONGRESS: Authorize Executive Branch agencies administering child abuse and neglect related programs, including those under CAPTA, to set aside up to 10 per cent of funds appropriated for those programs for Federal administration of those programs (comparable to the authority provided by Congress in the Young Americans Act). The authorization should require the agencies, before using set-aside funds, to spend from their salaries and expenses appropriations no less than the amount they are currently spending for administration of those programs.

## ENHANCING FEDERAL EFFORTS RELATED TO THE GENERATION, APPLICATION, AND DIFFUSION OF KNOWLEDGE CONCERNING CHILD PROTECTION

### Need for More and Better Knowledge

**Recommendation E-1a**: IMPROVING THE COLLECTION OF DATA

The Federal Government should create a comprehensive, mandatory, 50-State and Tribal, aggregate and case-specific child abuse and neglect data collection system. This system should be administered collaboratively by several Federal agencies. In total, it should yield an accurate, uninterrupted, comprehensive picture of child abuse and neglect, as well as the response to it, throughout the nation.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Agree with the Director of the Bureau of the Census to establish an ad hoc Work Group, consisting of staff from appropriate components of both agencies, to explore the possibility of using existing statutory authority to begin the design of a new national child protection data collection system.

- CONGRESS: Use the next CAPTA reauthorization to enact the statutory authority for a new data collection system -- sensitive to the protection of confidentiality -- designed and implemented by the Bureau of the Census in coordination with other data-gathering agencies and include in that legislation authority to provide necessary financial assistance to States and Tribes so that they can develop or enhance their capacity to collect and report data in a manner consistent with Federal standards.

**Recommendation E-1b**: IMPROVING FEDERALLY-SUPPORTED RESEARCH

The Federal Government should take all steps necessary to promote systematic research related to child abuse and neglect. Such steps should include:

- establishing a new program within the National Institute of Mental Health (NIMH) as the primary Federal research effort concerned with the causes, precipitants, consequences, prevention, and treatment of child abuse and neglect;

- vesting responsibility in that program for the provision of Government-wide leadership concerning research;

- substantially increasing funds available for research in all relevant agencies;

- launching initiatives to increase the number and professional qualifications of scientists involved in studies of child abuse and neglect;

- making peer review and grants management in all relevant agencies consistent with scientific norms;

- engaging in long-range Government-wide planning for stimulation of knowledge on critical topics related to child maltreatment (including cultural and social factors); and

- when feasible, developing means for reducing obstacles to the generation of knowledge about child abuse and neglect.

### *OPTIONS FOR ACTION*

To increase general knowledge about the causes, precipitants, consequences, prevention, and treatment of child abuse and neglect:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to establish a Center for Research on Child Abuse and Neglect in the National Institute of Mental Health and to provide it with adequate funding.

- CONGRESS: Using the next CAPTA reauthorization, amend the Public Health Act to provide the statutory authority for such a Center and, following authorization, appropriate adequate funds for its activities.

To increase knowledge about the child protection system:

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Establish programs or priorities for research on the response respectively of the child welfare, health, mental health, education, and justice systems to the problem of child abuse and neglect and the means of improving those responses.

- CONGRESS: Statutorily mandate the establishment of such programs or priorities.

To increase specific knowledge about the social and cultural factors related to child maltreatment:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to establish within NIMH a priority for the systematic development of knowledge about the social and cultural factors in the causes, effects, identification, prevention, and treatment of child abuse and neglect.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct all components of the Department supporting or conducting research on any aspect of child maltreatment to require applicants for research grants to justify their failure to include culture or ethnicity as a variable in research on child abuse and neglect.[1]

- SECRETARY OF HEALTH AND HUMAN SERVICES: Attempt to persuade the heads of other relevant agencies to impose the same rule.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary of Health to ensure that NIMH conducts workshops on cultural competence for prospective applicants for research grants on child abuse and neglect.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary of Health to ensure that NIMH makes affirmative efforts to increase the number of ethnic-minority researchers on child abuse and neglect.

To increase human resources in the field of research on child abuse and neglect:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to set aside an appropriate percentage of funds allocated under the National Research Service Award program and other NIMH programs for research training and career development related to child abuse and neglect.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that NIMH sponsors workshops for investigators entering the field to assist them in the preparation of scientifically sound proposals in the area of child maltreatment.

- CONGRESS: Amend the Public Health Service Act to mandate the set-aside of funds allocated under the National Research Service Award program and other NIMH programs for research training and career development related to child abuse and neglect.

---

[1] *This rule would be a broadened version of an existing rule of the National Institutes of Health that applicants justify the exclusion of ethinic groups from study samples.*

To ensure that procedures for stimulation and analysis of research on child abuse and neglect are scientifically credible:

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Instruct the heads of relevant research programs to establish standing review panels of leading experts in the field of child abuse and neglect and, absent a compelling justification for any contrary action, to adopt their priorities for the funding of proposed projects. When standing panels have been established, ensure that information about their composition and the process of reviews is spread throughout the research community.

- CONGRESS: Statutorily mandate that such action be taken.

To facilitate the planning of research:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to establish a Research Advisory Committee within NIMH to provide ongoing advice to relevant Federal agencies about (1) priorities for research and means of increasing the national capacity for generation of knowledge about child abuse and neglect and (2) coordination of Federal efforts in research on child abuse and neglect. Such a Committee should consist of Federal experts appointed by the Directors of the National Institutes on Alcohol Abuse and Alcoholism, Child Health and Human Development, Drug Abuse, Education, Justice, and Mental Health as well as the DHHS Assistant Secretaries for Children and Families and Planning and Evaluation, the Assistant Secretary of Interior for Indian Affairs, and non-Federal experts appointed by the U.S. Advisory Board on Child Abuse and Neglect following consultation with relevant scientific societies.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to contract for a study to identify Government-wide priorities for research on child abuse and neglect and to provide recommendations for development of the nation's capacity to conduct such research.

- CONGRESS: Statutorily mandate that such action be taken.

To reduce obstacles to the generation of knowledge about child abuse and neglect:

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that NIMH, in collaboration with the Office for Protection from Research Risks of NIH, sponsor (1) studies of methodological solutions to political, legal, and ethical problems in research on child abuse and neglect and (2) workshops and other activities to diffuse such knowledge within the research community.

- CONGRESS: Using the next CAPTA reauthorization, amend the Public Health Act to clarify the scope of confidentiality certificates.

**Recommendation E-1c**: IMPROVING THE EVALUATION OF PROGRAMS

The Federal Government should ensure that child protection activities supported with Federal funds are subjected to rigorous evaluation and that findings of such studies are applied in the design and implementation of programs in the child protection system.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Direct that all components administering demonstration grants related to the prevention, identification, investigation, adjudication, or treatment of child abuse and neglect allocate funds in the manner most likely to increase knowledge important to the field.

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Direct that all components administering demonstration grants related to the prevention, identification, investigation, adjudication, or treatment of child abuse and neglect require applicants to present a scientifically sound plan for evaluation as a condition of receipt of funds.

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Direct that all components administering such grants make diligent efforts to diffuse knowledge gained from evaluation of demonstration projects (see Recommendation E-5) and, in collaboration with the research planning effort described in Recommendation E-1.b, use such findings as the foundation for developing new research priorities.

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF OTHER RELEVANT CABINET-LEVEL AGENCIES: Direct that all components administering such grants take significant steps to improve the overall quality of evaluation research, such as working closely with the Resource Centers described in Recommendation E-4 on the development of training and expertise in effective evaluation processes.

- CONGRESS: Use the next CAPTA reauthorization to mandate that recipients of all Federal funds related to any aspect of child protection set aside an appropriate percentage of such funds for evaluation research.

## Need for More Skilled Professional Staff

**Recommendation E-2**: INCREASING THE QUALIFICATIONS AND NUMBERS OF PROFESSIONALS IN CHILD PROTECTION

The Federal Government should significantly increase incentives and grant programs to expand the numbers and qualifications of professionals available to work in the child protection system.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES AND SECRETARY OF EDUCATION: Direct appropriate components of the two Departments to devise and implement a program, using existing resources, of Presidential or Secretarial Fellowships on Child Protection for advanced study by students in schools of social work, medicine, nursing, law, graduate programs in clinical, school, and counseling psychology, and other graduate programs in professions serving children and families.

- SECRETARY OF HEALTH AND HUMAN SERVICES AND SECRETARY OF EDUCATION: Direct appropriate components of the two Departments -- in addition to the program of fellowships for advanced study in each of the professions represented in child protection -- to use existing resources to increase the number of opportunities for interdisciplinary training throughout the nation.

- SECRETARY OF INTERIOR: Direct the Bureau of Indian Affairs to require that a significant percentage of Indian Child Welfare workers, and all of their supervisors, possess a Masters degree in social work or psychology.

- CONGRESS: Use the next CAPTA reauthorization to legislate a new program of incentives through grants/loans to university students in return for work in the field of child protection, similar to the National Health Service Corps Program.

## Need for Implementation of Standards of Practice

**Recommendation E-3:** DEVELOPING AND IMPLEMENTING STANDARDS OF PRACTICE

The Federal Government should take all necessary measures to ensure that each Federal agency directly providing services in the child protection system (e.g., the Indian Health Service, the Bureau of Indian Affairs, the family advocacy programs in the military, the U.S. Attorneys, and the military courts) meets standards of competent practice, including but not limited to standards for:

- staff qualifications and training;
- staff-to-client ratios;
- timeliness of response;
- protection of client rights;
- legal representation of all parties (including the child) in relevant judicial proceedings;
- cultural competence; and
- quality assurance.

The first of these measures should be commissioning the development of national standards of competent practice for the various professionals and agencies involved in child protection cases at the State, Tribal, and local levels.

*OPTIONS FOR ACTION*

- HEADS OF RELEVANT CABINET-LEVEL AGENCIES: Collaboratively support -- through the venue of the Task Force -- the development of a set of standards of practice for use in child protection cases by Federal personnel directly involved in such cases (such as physicians, law enforcement officers, social workers, attorneys, judges, and psychologists) as well as by Federally-operated programs rendering direct services in such cases (such as CPS agencies, law enforcement agencies, hospitals, courts, and mental health clinics). If possible, this effort should be built around an updating of the NCCAN Guidelines.

- CONGRESS: Use the next CAPTA reauthorization to mandate individual Federal agencies, especially the Bureau of Indian Affairs, to develop appropriate standards of practice in child protection cases by a date certain.

## Need for the Provision of Technical Assistance to State and Tribal Child Protection Efforts

**Recommendation E-4**: ESTABLISHING STATE AND REGIONAL RESOURCE CENTERS

The Federal Government should establish a mechanism to stimulate development of State or regional resource centers for training, consultation, policy analysis, and research in the field of child protection. Such centers should be interdisciplinary and should involve collaboration between universities and relevant State and Tribal agencies, including opportunities for university-based sabbaticals for senior State and Tribal officials and agency-based sabbaticals for university professors.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Direct that appropriate components of the Department, working with other relevant agencies, use existing resources to develop a network of State or Regional Resource Centers on Child Abuse and Neglect throughout the United States. As a first step, building a system of ten Federal regional resource centers should be considered.

- CONGRESS: Use the next CAPTA reauthorization to authorize a $50 million nationwide network of State and Regional Resource Centers and, following the authorization, appropriate funds for implementation.

## Need for the Diffusion of Knowledge

**Recommendation E-5**: IMPROVING THE FLOW OF INFORMATION

The Federal Government should develop a highly visible entity that takes whatever steps are necessary to ensure that practitioners, policymakers, and the general public (especially parents) have ready and continuous access to comprehensive, state-of-the-art information on child abuse and neglect.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Establish a permanent information diffusion entity within a component of the Department already carrying out similar functions such as the National Library of Medicine.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Establish a permanent information diffusion entity within the component of the Department in which the Federal planning and coordination responsibility will be located (see Recommendation F-1).

- CONGRESS: Use the next CAPTA reauthorization to mandate the establishment of a permanent information diffusion entity within a component of the Department.

## IMPROVING COORDINATION AMONG FEDERAL, STATE, TRIBAL, AND PRIVATE SECTOR CHILD PROTECTION EFFORTS

### **Recommendation F-1**: ESTABLISHING A STRUCTURE FOR PLANNING AND COORDINATION AT THE FEDERAL LEVEL

All of the activities which comprise the collective Federal child protection effort should have the same goal: the reduction in the prevalence of child abuse and neglect, primarily through assistance to State, Tribal, and local authorities in their efforts to protect children from abuse and neglect, especially their efforts to build services for child protection at the community level.

The Federal Government should establish an agency or entity to plan and coordinate the accomplishment of that goal. The agency or entity should be mandated to develop -- in concert with the agencies throughout the Federal Government whose programs constitute the collective Federal effort -- both a long-range strategy for accomplishment of the goal as well as short-term approaches leading toward that end, and to set forth that strategy and those approaches in the form of a readily achievable, comprehensive plan.

In addition to developing the plan, the agency or entity should:

- assist the President, the Secretary of Health and Human Services, and the heads of other relevant agencies in enlisting opinion leaders in efforts:
    - to reduce societal influences (such as the acceptability of violence in the media, the schools, and other social institutions) that may increase the probability of family violence, child abuse and neglect, and violent crime;
    - to increase social and material support for families that will decrease child abuse and neglect and other forms of family dysfunction; and
    - to increase social support for children that will ameliorate the effects of abuse and neglect when maltreatment does occur;

- identify problems related to child abuse and neglect that are receiving inadequate national attention;

- convene meetings of leaders in business, labor, religious, civic and philanthropic organizations, the media, professional associations, scientific societies, and volunteer and parent organizations to facilitate their active and constructive response to such problems:

- support educational campaigns designed to increase the sophistication of citizens -- especially the over two million employed by the Federal Government -- of the nature and complexity of child abuse and neglect and to inform them about alternative steps (beyond reporting suspected maltreatment) that they may take to increase the safety of children;

- develop public/private partnerships aimed at enhancing the role of the private sector in the prevention and treatment of child abuse and neglect;

- coordinate the provision of technical assistance to Federal, State, and Tribal agencies;

- coordinate the multi-agency review of the single comprehensive State and Tribal plans described in Recommendation F-2;

- monitor policy and program implementation at all levels of government; and, as necessary;

- convene key actors from throughout the Federal Government for collaborative policy formulation, program design, and investment in joint funding ventures.

The agency or entity should be located at an appropriate organizational level. It should be vested with authority commensurate with the nature of its responsibilities. It should be given adequate resources.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Designate NCCAN as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.

- SECRETARY OF HEALTH AND HUMAN SERVICES: Designate the Inter-Agency Task Force on Child Abuse and Neglect as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.

- CONGRESS: Use the next CAPTA reauthorization to mandate the designation of NCCAN or the Inter-Agency Task Force on Child Abuse and Neglect as the planning and coordination agency or entity, locating it at an appropriate organizational level, vesting it with authority commensurate with the nature of its responsibilities, and giving it adequate resources.

- CONGRESS: Alternatively, use the next CAPTA reauthorization to establish a new agency or entity at a high level of the Executive Branch. If this option is selected, the agency or entity should be headed by a Director appointed by the President with the advice and consent of the Senate. The agency or entity should be located at an appropriate organizational level, should be vested with authority commensurate with the nature of its responsibilities, and should be given adequate resources.

- CONGRESS: Whichever option is chosen, use the next CAPTA reauthorization to mandate the strengthening of the Inter-Agency Task Force on Child Abuse and Neglect by:

    - reconstituting it as an Inter-Agency Policy Council consisting of Cabinet officers and other relevant agency heads with responsibility for implementation of Federal child protection policy and development of related policies of the Administration;

    - making the Secretary of Health and Human Services the chair of the Council with his/her authority to delegate that responsibility limited to the head of the planning and coordination agency or entity;

    - including as members of the Council the Secretaries of Agriculture, Defense, Education, Health and Human Services, Housing and Urban Development, and Interior, the Attorney General, and the Directors of ACTION and the Office of National Drug Control Policy, with their authority to delegate their responsibilities within the Council limited to no more than one layer;

    - requiring that the Council meet at least three times per year;

    - encouraging the Council to set up -- for purposes of planning and implementation -- both permanent and ad hoc work groups and task forces consisting of technical experts drawn from member agencies;

    - providing staff and other resources for the operation of the Council; and

    - integrating and coordinating the work of the Council with the work of the Federal Council on Children, Youth, and Families authorized by the Pepper Young Americans Act.

**Recommendation F-2**: ESTABLISHING A STRUCTURE FOR PLANNING AND COORDINATION AT THE STATE AND TRIBAL LEVEL

The Federal Government should require any State or Tribe receiving any formula grant for child protection (including -- but not limited to -- any grants legislated in response to this report, grants pursuant to CAPTA, the existing Social Services Block Grant, and Titles IV-B and IV-E of the Social Security Act) to submit a comprehensive three-year plan for multidisciplinary investigation, prevention, and treatment of child abuse and neglect. This single comprehensive plan should be a major eligibility requirement for these Federal formula grants, providing States and Tribes with the opportunity to make a single application to the agency or entity described in Recommendation F-1 for funds from several agencies. That agency or entity should be authorized to exercise discretion in waiving discretionary grant requirements that may impede the blending of Federal funds. As an alternative to full-scale implementation of the comprehensive State or Tribal planning requirement, the Federal Government should initiate a multi-year series of pilot projects aimed at testing the core concepts underlying the requirement.

*OPTIONS FOR ACTION*

- SECRETARY OF HEALTH AND HUMAN SERVICES: Explore the possibility of using existing statutory authority to initiate the State and Tribal planning requirement.

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF RELEVANT CABINET-LEVEL AGENCIES: Launch the pilot projects, using flexible funding sources, without specific Congressional approval.

- CONGRESS: Use the next CAPTA reauthorization to legislate the State and Tribal planning requirement and, following legislation, appropriate the necessary funds for initial planning grants.

- CONGRESS: Use the next CAPTA reauthorization to authorize the pilot projects.

**Recommendation F-3**: PROVIDING FOR COMPREHENSIVE FEDERAL PLANNING AND COORDINATION IN RESPONSE TO CHILD MALTREATMENT FATALITIES

The Federal Government should ensure that issues related to child deaths resulting from abuse or neglect are properly addressed by all relevant Federal agencies, acting collaboratively. The Federal entities involved in such collaboration should include, but not be limited to: such DHHS entities as NCCAN, the Children's Bureau, the Centers for Disease Control, the Health Resources and Services Administration, the Office for Substance Abuse Prevention, and the National Institute of Mental Health; such Department of Justice entities as the Criminal Division, the Office of Juvenile Justice and Delinquency Prevention, the National Institute of Justice, and the Federal Bureau of Investigation; and the Department of Education. Also involved should be Federal entities that have direct service provision responsibilities for families and children, such as the Department of Defense, the Indian Health Service of DHHS, the Bureau of Indian Affairs of the Department of the Interior, and the Office of Victims of Crime of the Department of Justice.

Such collaborative efforts should address such issues as:

- the review of Federal statutes and regulations that may create barriers to inter-agency, multidisciplinary collaboration at the Federal, State, Tribal, and community level in the investigation, intervention, and review of suspected child fatalities;

- the development of model protocols and procedures for both individual State, Tribal, and local agencies, as well as for inter-agency, multidisciplinary collaboration in the investigation, intervention, and service provision in cases of child fatalities;

- the development of uniform national data gathering and analysis related to child fatalities; and

- the on-going funding of research and training relating to the responses of the Federal, State, Tribal, and local governments to the problem of child fatalities, including how such responses contribute, if at all, to the prevention of child maltreatment in general as well as child maltreatment fatalities.

*OPTIONS FOR ACTION*

- PRESIDENT BUSH: Convene the National Commission on Child and Youth Deaths that was authorized by Pub. L. 100-294 in 1988.

- SECRETARY OF HEALTH AND HUMAN SERVICES AND HEADS OF RELEVANT CABINET-LEVEL AGENCIES: Convene an inter-agency work group under the aegis of the Inter-Agency Task Force: (1) to address the Federally imposed barriers to the necessary sharing of information within inter-agency, multidisciplinary child death review teams at the State, Tribal, and local levels; (2) to survey and support State, Tribal, and local efforts to build child death review teams; and (3) to address the development of data gathering, research, and technical assistance efforts related to child maltreatment fatalities.

- CONGRESS: Appropriate the necessary funds for the work of the National Commission on Child and Youth Deaths.

- CONGRESS: Use the next CAPTA reauthorization to establish within relevant agencies throughout the Federal Government a funding priority for research, demonstration projects, technical assistance, and training on child maltreatment fatalities. Specific elements to facilitate the coordination and expansion of State, Tribal, and local death review teams should be included in this funding priority.

## IMPLEMENTING A DRAMATIC NEW FEDERAL INITIATIVE AIMED AT PREVENTING CHILD MALTREATMENT -- PILOTING UNIVERSAL VOLUNTARY NEONATAL HOME VISITATION

**Recommendation G-1**: PILOTING UNIVERSAL VOLUNTARY NEONATAL HOME VISITATION

The Federal Government should begin planning for the sequential implementation of a universal voluntary neonatal home visitation system. The first step in the planning process should be the funding of a large series of coordinated pilot projects. Instead of reaffirming the efficacy of home visiting as a preventive measure -- already well-established -- these projects should aim at providing the Federal Government with the information needed to establish and administer a national home visitation system.

*OPTIONS FOR ACTION*

- SECRETARY FOR HEALTH AND HUMAN SERVICES: Direct the Administration for Children and Families, the Public Health Service, and the Health Care Financing Agency (HCFA) to launch the pilot projects. Possible sources of funding for the pilots might be the NCCAN Demonstration Grants Program, the Maternal and Child Health Block Grant Program, and the Medicaid Program.

- SECRETARY FOR HEALTH AND HUMAN SERVICES: Direct appropriate components of the Department, in collaboration with ACTION and the Points of Light Foundation, to stimulate the development of "Caring Community Programs."

- SECRETARY FOR HEALTH AND HUMAN SERVICES: Direct appropriate components of the Department, in collaboration with the American Academy of Pediatrics and the National Child Abuse Coalition, to attempt to persuade insurers, including those serving Federal employees, to cover the costs of home visiting.

- SECRETARY FOR HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to ensure that home visitation services are provided through the health care programs of the Indian Health Service.

- SECRETARY FOR HEALTH AND HUMAN SERVICES: Direct the Assistant Secretary for Health to attempt to persuade the Department of Defense to provide home visitation services to military families.
- CONGRESS: Use the next CAPTA reauthorization to authorize the sequential implementation of a universal voluntary system of neonatal home visitation services as well as to require DHHS to launch the pilot projects, to develop Caring Community Programs, to approach insurers aggressively, especially the insurers of Federal employees, to provide home visitation through the Indian Health Service, and to work with the Department of Defense on the provision of home visitation to military families.

# APPENDIX G

## Excerpts from the 1992 Board Report
## of the U.S. Advisory Board on Child Abuse and Neglect
## *The Continuing Child Protection Emergency: A Challenge to the Nation*[1]

## EXCERPT 1: NATIONAL CHILD PROTECTION POLICY

The Board believes that the time has come for a national child protection policy that makes it possible for **children to live safely in a family environment**. Thus, as a second priority, the Board has called upon the federal government to **establish a national child protection policy which will drive all of the child protection-related actions of the federal, state, and local governments**.

Current policy within all levels of government is **too narrowly focussed on crisis response**. Under current policy -- clearly not intended to produce such results -- maltreated children:

- rarely receive therapeutic services;

- often are given minimal information about the decisions affecting their lives;

- often are essentially unrepresented in legal proceedings and other official actions;

- find themselves the subjects of well-intended but fragmented and misdirected reform efforts that often seem isolated from the matters most significant to the children themselves; and

- are too often left in unsafe homes.

Although in some instances parents are so unable to provide a secure and safe environment for their children that those children must be removed from their homes, such removal should not be the centerpiece of the child protection system **as it currently is**. An effective child protection system should begin with the general question of how best to promote the security of children **and** their families.

---

[1] U.S. Advisory Board on Child Abuse and Neglect, *The Continuing Child Protection Emergency: A Challenge to the Nation*, 1992, 71-80.

[Early in 1992] Congress amended the Child Abuse Prevention and Treatment Act and the President signed it into law. This should have been the occasion for adoption by both the Congress and the White House of a national child protection policy. While the legislation contained some important improvements, it fell far short of establishing the coherent policy which the national child protection emergency demands. Surely, a nation which can enact a comprehensive environmental policy that protects snail darters can enact a comprehensive policy that protects children.

### The Opportunity To Make a Personal Difference

Because child maltreatment affects all voters, all taxpayers, it is in their interest to take responsibility for ending it. Voters and taxpayers can usefully be involved in efforts to help their elected officials understand the full magnitude of child abuse and neglect.

Elected officials need to understand that **adult violence against children leads to childhood terror, childhood terror leads to teenage anger, and teenage anger too often leads to adult rage**, both destructive toward others and self-destructive. Terror, anger, rage -- these are not the ingredients of safe streets, strong families, and caring communities. Unless American political leaders pay greater attention to the child protection emergency, all Americans will continue to suffer financially and all Americans will live in a more frightened and violent society.

Elected officials need to understand that the time to do something about child maltreatment is **now**. If the nation's leaders continue to look the other way, the present generation of abused children may reach adulthood before effective action is undertaken. Many of these children will perpetuate the cycle of abuse.

Elected officials need to understand that something **significant** must be done about child maltreatment. Doing something significant means doing something more than just increasing the reporting of child abuse and neglect, more than simply causing child abuse investigations to be better coordinated, more than setting up new bureaucratic mechanisms to centralize records of known child abusers.

Doing something significant means reform of the nation's existing child protection system, and the eventual replacement of that system with a new, comprehensive, child-centered, family-focused, and neighborhood-based approach that **emphasizes prevention** rather than investigation. That approach should be carried out at the level of urban and suburban neighborhoods and rural communities and should be concerned not only with the development of social and economic supports for troubled families and children but also with the provision of services that are based on the principle of **neighbor helping neighbor**.

Elected officials need to understand that, if nothing significant is done about the child protection emergency, **hundreds of thousands of American children each year will have their childhoods destroyed.** With each childhood that is destroyed, the nation loses a piece of its soul.

[....]The Board believes that voters and taxpayers should engage all candidates for public office in a dialogue about child protection in America. To facilitate that process, the Board suggests that all candidates be asked the following questions:

- What policies, programs, and funding initiatives will you propose to make it as easy for a parent to pick up the telephone and get help **before** abusing a child as it is now for a neighbor to pick up the phone and report that parent for abusing that child?

- Will you help make child abuse and neglect **treatment programs** available to **all** children and families that need them, and how will you do this?

- Will you work to ensure that **efforts to prevent** child maltreatment are **substantially increased**, including a major expansion of:
    - home visitation services?
    - parenting education programs?
    - attempts to strengthen neighborhoods in which the safety of children is endangered?
    - increases in material supports such as housing, child care, and prenatal care for low income families including the working poor?

- Will you work to ensure that **family preservation services** are made available to **all** families that merit them?

- What steps will you take to assure that the medical, mental health, justice, education, and social services **systems collaborate** so that all abused and neglected children receive the protection they need and all at-risk families the treatment they need?

- What actions will you take to ensure that the **deaths of children from abuse and neglect** are reviewed by state and/or county comprehensive multi-agency teams?

- What steps will you take to assist communities in developing better ways to **help youth in making the transition from childhood to adulthood**, and in finding their place in society as parents and productive citizens?

- What efforts will you undertake to facilitate public-private partnerships aimed at enhancing the role of the **private sector** in the prevention and treatment of child abuse and neglect?

While government must provide leadership and resources in the struggle to control child maltreatment, making government more responsive is not the only way -- or even the best way -- for citizens to take responsibility for ending it. The Board urges all citizens to consider taking one or more of the following actions....

- **Decide**, if you are hurting your children,
  - to stop;
  - to reach out for help.

- **Determine**, if you know children who are hurting -- children within your extended family, children of friends, children of neighbors -- to reach out to help them
  - by providing resources;
  - by providing support;
  - by providing safety.

- **Undertake** to help friends and neighbors who have children
  - by offering to care for the children of a single parent for a few hours;
  - by reaching out to a family that has just moved to your neighborhood;
  - by taking an interest in the activities of a child in your neighborhood.

- **Pledge**, if you are able to give some of your free time, to
  - become a volunteer with a local home visitation program;
  - serve as a Court Appointed Special Advocate (CASA) for a child in the court system;
  - enlist as a Big Brother or a Big Sister, or as a foster parent;
  - assist in facilitating a Parents Anonymous group;
  - become a mentor for a child in a residential group home;
  - volunteer at a crisis nursery;
  - serve as a mentor for a teen mother or a drug-addicted mother;
  - help mothers and children at a domestic violence shelter;
  - respond to calls to a local crisis line;
  - assist with public awareness campaigns;
  - participate in fundraising activities;
  - use your personal or professional skills to provide technical assistance, in such areas as finance, law, marketing, and program development;
  - promote and organize parenting seminars in the workplace or conferences on children's or family issues;
  - encourage your place of worship to become involved in child abuse and neglect prevention and treatment activities.

- **Be** an advocate for
    - better staffing in local child protection services agencies;
    - enlightened change in public policy;
    - increased funding for child maltreatment programs;
    - expanded treatment for children and families.

In 1991 the U.S. Advisory Board on Child Abuse and Neglect dedicated its report to

> *the many thousands of American children and families trapped in the throes of abuse and neglect who are waiting for our society, and its governments, to respond to their plight with* ***more*** *than just a report, and* ***more*** *than just an investigation.*

**On behalf of them, the Board challenges all Americans to resolve**

- **that the abuse, neglect, molestation, and murder of our nation's youngest and most vulnerable citizens by those entrusted with their care will be ended;**

- **that this will be the last American generation in which millions of children experience child maltreatment first-hand; and**

- **that no child will suffer or die because America did not care enough to become involved, because America did not make children's health and safety a priority, or because America was scared silent.**

## EXCERPT 2: BOARD STATEMENT ON THE CONVENTION ON THE RIGHTS OF THE CHILD

### Support for U.S. Ratification of the Convention on the Rights of the Child

The Convention on the Rights of the Child was unanimously adopted by the United Nations General Assembly on November 20, 1989, after a decade-long process of development. The Convention is an impressive statement of an international consensus that children are valued as persons, that their human dignity deserves protection as a matter of right, and that their full participation as members of the human community must be ensured.

The U.S. Advisory Board on Child Abuse and Neglect has found the Convention to be useful as a guide to the development of an American child protection policy. In 1991, the Board incorporated relevant tenets of the Convention into its proposed National Child Protection Policy [see Appendix B].

Drawing from the Convention, the Board's proposed Policy recognizes the nation's obligation to prevent child maltreatment whenever possible and, when maltreatment does occur, to "promote physical and psychological recovery and social re-integration in an environment that fosters the health, self-respect, and dignity of the child." The Policy also asserts that children should have the right to a family environment and that "national policy should strengthen families to remedy the causes of child abuse and neglect, provide support for intensive services to prevent the unnecessary removal of children from families, and promote the reunification of families if removal has taken place." Consistent with the Convention, the Policy also acknowledges the importance of providing opportunities for children to be heard in any judicial and administrative matters pertaining to them and with ample opportunity for representation.

To date,[2] the United States has neither signed nor ratified the Convention. It remains under study within the Executive Branch. The Board believes that, once the Convention is signed by the President and ratified by the U.S. Senate, it can become a powerful instrument to protect the physical and psychological integrity of our nation's children.

**Therefore, the U.S. Advisory Board on Child Abuse and Neglect strongly urges the President of the United States:**

- **to direct those agencies studying the Convention on the Rights of the Child to conclude their analysis rapidly;**

- **thereafter, to sign the Convention promptly; and**

- **thereupon, to submit the Convention quickly to the United States Senate with appropriate reservations, declarations, and understandings to adapt the Convention to the American federalist system.**

**Further, the U.S. Advisory Board on Child Abuse and Neglect strongly urges the United States Senate, following the submission of the Convention by the President, to ratify it with all deliberate speed.**

**Finally, the U.S. Advisory Board on Child Abuse and Neglect strongly urges that -- until these actions are taken -- States, Tribes, counties, and municipalities adopt the Convention as a set of principles to guide their policies affecting children.**

---

[2] This assertion, set forth on August 29, 1992, remains true as of the present date, September, 1993.

☆ U.S. GOVERNMENT PRINTING OFFICE:1993-715-032/86856

For sale by the U.S. Government Printing Office
Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328
ISBN 0-16-036296-2

ISBN 0-16-036296-2
90000
9 780160 362965